



Town of Sneads

PO Drawer 159

Sneads, Florida 32460

PH (850) 593-6636 Fax (850)593-5079

Website: sneadsfl.com

Facebook: Town of Sneads – City Hall

FEBRUARY 1, 2024

TOWN ELECTION -
COUNCIL SEATS:

APRIL 9, 2024

GROUP I - GEORGE ALEXANDER

GROUP II - DONOVAN WEEKS

QUALIFYING BEGINS MONDAY, FEBRUARY 19, 2024 @ 7:00 a.m. AND ENDS ON
FRIDAY, FEBRUARY 23, 2024 @ 12:00 noon.

QUALIFYING FEE - \$240.00

NOTE: BEFORE QUALIFYING, EACH CANDIDATE MUST HAVE A BANK ACCOUNT SET UP AND TITLED "CAMPAIGN FUND ACCOUNT." QUALIFYING FEE MUST BE PAID FROM THIS ACCOUNT AS WELL AS ANY OTHER EXPENSES SUCH AS SIGNS, CARDS, ETC. See the Candidate & Campaign Treasure Handbook for more information.



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Candidate Information

There are five council members elected at large. The elections are rotated so the members are not all elected or re-elected at once. Seats one and two share an election and the following year seats three, four and five are elected. Council members serve two- year terms with no term limits.

Qualification to become a Council member usually takes place in February of each year, followed by the election in April and the swearing and taken of office at the May meeting.

If you are interested in serving the Town as a Council member you may do so by doing all the following:

- Being at least 18 years old

- Being a resident of Sneads for at least six months immediately preceding qualification

- Being duly registered in the Registration Books as a voter in the Town of Sneads

- Completing, returning a qualification packet, and paying the qualifying fees by the qualifying deadline

Candidates that are employed should check with their employer about running for office. It is the candidate's responsibility to make sure there are no rules or reasons that prohibit them from running or holding the office.

Council meetings are held each month on the second Tuesday with exceptions for holidays and emergencies when an alternate date is selected. Information on meeting times and dates can be obtained by contacting Sneads Town Hall. Each council member receives nominal compensation for serving. Currently the members get \$400 per month and the President gets \$450 per month.

Sneads operates under the Council-Manager form of Government. The Council's duties include hiring/ appointing the Town Manager to oversee the town's day-to-day operations, as well as the Town Attorney, Town Clerk, Police Chief and Fire Chief. Council duties also include Legislating for the town by adopting ordinances and resolutions in the best interest of all citizens of the town, adopting an annual budget and all other appropriations necessary for efficient town government and devoting such time as necessary to the performance of the Town Council.

As a member of the Town Council, you will be asked to make decisions, enact laws, levy taxes, and act for the benefit and best interest of the Town of Sneads. You will be performing a valuable service by addressing community needs and issues, as you represent your constituents. It is a much needed service that carries with it great responsibilities.

We look forward to having you serve the Town of Sneads should you choose to do so!



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Election Information for Your Current Employer

Town of Sneads- Office of Town Council

- Title of Public Office= Town of Sneads, Town Councilmember
- Duties= To serve as a member of a five-council board form of Government, elected at large. Council members are responsible for setting the policies and procedures for the Town.
- Hours Worked= Meetings are held the second Tuesday of each month at 6 pm central time. However, at times there are special meetings held during some months. Those meetings are held on different days during the month, usually at 5:01pm central time.
- Effects on current job= It will not have any effects on current job or duties.
- Remuneration= Council members currently get \$400 per month and the President of the Board gets \$450
- The office is non- partisan as prescribed in the Federal Hatch Act.

Should you have any question or concerns please call me at the number above.

Sincerely,

Danielle Guy
Deputy Clerk

Election Checklist

- _____ Check with employer before running for office
- _____ Setup username/password with FL Commission on Ethics to submit FORM 6 (Print copy for qualify packet)
- _____ TURN IN- Statement of Candidate & Appointment of Campaign Treasure forms before opening bank account
- _____ Bank Account Setup "Campaign Fund Account"
- _____ Qualify for office- Feb 19th -23rd (noon), \$240
- _____ TURN IN- CM1- March 8th
- _____ TURN IN- C1- March 15th
- _____ TURN IN- C2- March 29th
- _____ Public Logic & Accuracy Testing at JC Supervisor of Elections Office- April 2nd @ 9am, not mandatory to attend
- _____ TURN IN- C3- April 5th
- _____ Election Day- April 9th - Polls open 7am-7pm
- _____ TURN IN- TR- May 24th – Unopposed Candidates
- _____ TURN IN- TR- July 8th – Opposed Candidates

Election Information

***** VOTER REGISTRATION**

Residents of the Town of Sneads wishing to vote in this election must be registered to vote by **Monday, March 11, 2024**. Election laws require registration to close 29 days prior to an election. Voter registration applications are available at Sneads City Hall or at the Jackson County Supervisor of Elections office. For information about voter registration and for specific requirements for first time voters registering by mail, contact the Jackson County Supervisor of Elections Office at 850-482-9652.

***** VOTE BY MAIL BALLOTS**

All Vote-By-Mail (VBM) for the Town of Sneads election requests will be handled directly by the Jackson County Supervisor of Elections office. You may make your request for a VBM ballot in person at 2851 Jefferson Street, Marianna, FL; you may call the office at 850-482-9652 or request online at www.VoteJacksonFL.gov.

The last day to request a VBM ballot is March 28, 2024, by 5:00PM.

VBM ballots must be returned to the Jackson County Supervisor of Elections office located at 2851 Jefferson Street, Marianna, FL 32448 by 7pm on April 9, 2024.

***** PUBLIC LOGIC & ACCURACY TESTING**

Testing of the election tabulation equipment to be used for the Town of Sneads Election will be held at the Jackson County Supervisor of Elections office, located at 2851 Jefferson Street, Marianna, FL 32448 on **Tuesday, April 2, 2024, at 9:00am**. The public is invited to attend and observe.

In accordance with Section 101.5612 Florida Statutes, the Jackson County Supervisor of Elections will conduct public, pre-election tests of the automatic tabulating equipment which will be used at the polls for the Town of Sneads Elections. For more information regarding the specifics of the Logic and Accuracy Tests, please contact the Jackson County Supervisor of Elections 850-482-9652.

***** Election Day**

Votes must be cast at Sneads City Hall on Election Day in person during the hours of 7am-7pm central time on Tuesday, April 9, 2024. In the event of a tie, the winner may not be announced the day of the election. The ballots will have to be re-counted first, then the tie breaker rules will apply.

Important Dates:

Qualify Dates:	February 19, 2024, thru NOON on February 23, 2024
Voter Registration Deadline:	March 11, 2024
Public Logic & Accuracy Testing:	Tuesday, April 2, 2024 @ 9:00 am
Vote By Mail- Last Day to request:	March 28, 2024
Election Day:	April 9, 2024 – Polls are open 7am- 7pm
Report Due Dates:	March 8, 2024
	March 15, 2024
	March 29, 2024
	April 5, 2024
	May 24, 2024- Unopposed Candidates
	July 9, 2024- Opposed Candidates



**ALL PAGES WITH A HIGHLIGHTED
CHECK AT THE TOP NEED TO BE
TURNED IN WHEN QUALIFYING.**

**SHOULD YOU HAVE ANY
QUESTIONS, PLEASE CALL ME AT
CITY HALL @ 593-6636.**

THANK YOU,

**DANIELLE GUY
DEPUTY CLERK**

NOTE:

Before you open a Bank Account, you have to turn in to City Hall the following forms:

- STATEMENT OF CANDIDATE
- APPOINTMENT OF CAMPAIGN TREASURER

***In the **Florida Election Code**: Chapters 97-106, Florida Statutes= All information relates to elections. Please read over **Chapter 106** as it relates to Campaign Financing.

Should you have any questions, please call City Hall @ 593-6636.

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

I, _____,

candidate for the office of Sneads Town Council- Group ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Signature of Candidate

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☐ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

3. Address (include PO Box or Street, City, State, Zip Code):

Sneads, FL 32460

4. Telephone:

()

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

7. Office Sought (include district, circuit, group, or seat #):

Sneads Town Council Group-

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☒ No Party Affiliation Candidate. ☐ _____ Party candidate.

10. I have appointed the following person to act as my: ☐ Campaign Treasurer ☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

12. Telephone:

13. Email Address:

()

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

18. I have designated the following bank as my (check appropriate box): ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank:

20. Address:

21. City:

22. County:

23. State:

24. Zip Code:

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

26. Signature of Candidate:

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, _____ do hereby accept the appointment designated above as:
(Please Print or Type Name)

☐ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

29. Signature of Campaign Treasurer or Deputy Treasurer

X

FORM 6- FINANCIAL DISCLOSURE

E- Filing Requirements



New rules that went into effect January 1, 2024.

ALL candidates for elected office are required to file a Form 6 for financial disclosure as a requirement of qualifying. **Form 6 is E-Filed, and a copy must be submitted, with their qualifying packets.** A person will not be able to qualify unless this Form 6 has been completed and submitted.

In order to file a Form 6, all Candidates/Elected Officials must request a username and create a password for their online account from the Florida Commission on Ethics by navigating to this page: <https://disclosure.floridaethics.gov/Account/Login>

On this page, you will request a registration email. Response time varies but should be within 24-48 business hours so watch your email. Upon receipt of the registration information, you will then file your Form 6, online. It is now State Law that these forms be filed electronically. It is your responsibility as a candidate to have all forms ready when qualifying.

If you have any questions about Form 6, contact the Florida Commission on Ethics at 850-488-7864 or Jackson County Supervisor of Elections Office at 850-482-9652.

NOTICE

Date and Location for Testing Election Equipment (Logic & Accuracy Testing)

**The Logic & Accuracy Testing for Tabulation Equipment to
be used in the upcoming city/town election is scheduled for:**

Date: Tuesday, April 2, 2024

Time: 9:00am

**Location: Jackson County Supervisor of Elections
2851 Jefferson Street
Marianna, FL 32448**



Acknowledgement of Receipt of Date and Location for Testing Election Equipment (Logic & Accuracy Testing)

I, _____, Candidate for
office in the **2024**, Sneads Election acknowledge I
have received the date for the Logic and Accuracy
Testing for the tabulation equipment to be used in
the aforementioned election.

Candidate

City/Town Clerk

*Clerk – maintain a copy and forward to the SOE office

DO NOT SUBMIT THIS PAGE TO THE FILING OFFICER

Guide for Designating Phonetic Spelling of Candidate's Name for Audio Ballot

1. Use the tables below.
2. Use upper case for "stressed" syllables. Use lowercase for "unstressed" syllables.
3. Use dashes (-) to separate syllables.
4. Add any notes such as rhyming examples, silent letters, etc.

Vowels			
Stressed Vowel Sounds		Unstressed Vowel Sounds	
EE	(FEET) <i>feet</i>	uh	(SO-fuh) <i>sofa</i> (FING-guhr) <i>finger</i>
I	(FIT) <i>fit</i>		
E	(BED) <i>bed</i>		
A	(KAT) <i>cat</i> (KAD) <i>cad</i>		
AH	(FAH-thur) <i>father</i> (PAHR) <i>par</i>		
AH	(HAHT) <i>hot</i> (TAH-dee) <i>toddy</i>		
UH	(FUHJ) <i>fudge</i> (FLUHD) <i>flood</i>		
UH	(CHUHRCH) <i>church</i>		
AW	(FAWN) <i>fawn</i>	Certain Vowel Sounds with R	
U	(FUL) <i>full</i>	AHR	(PAHR) <i>par</i>
OO	(FOOD) <i>food</i>	ER	(PER) <i>pair</i>
OU	(FOUND) <i>found</i>	IR	(PIR) <i>peer</i>
O	(FO) <i>foe</i>	OR	(POR) <i>pour</i>
EI	(FEIT) <i>fight</i>	OOR	(POOR) <i>poor</i>
AI	(FAIT) <i>fate</i>	UHR	(PUHR) <i>purr</i>
OI	(FOIL) <i>foil</i>		
YOO	(FYOOR-ee-uhs) <i>furious</i>		

Consonants			
B	(BED) <i>bed</i>	R	(RED) <i>red</i>
D	(DET) <i>debt</i>	S	(SET) <i>set</i>
F	(FED) <i>fed</i>	T	(TEN) <i>ten</i>
G	(GET) <i>get</i>	V	(VET) <i>vet</i>
H	(HED) <i>head</i>	Y	(YET) <i>yet</i>
HW	(WHICH) <i>which</i>	W	(WICH) <i>witch</i>
J	(JUHJ) <i>jug</i>	CH	(CHUCRCH) <i>church</i>
K	(KAD) <i>cad</i>	SH	(SHEEP) <i>sheep</i>
L	(LAIM) <i>lame</i>	TS	(ITS) <i>its</i> (PITS-feeld) <i>Pittsfield</i>
M	(MAT) <i>mat</i>	TH	(THEI) <i>thigh</i>
N	(NET) <i>net</i>	TH	(THEI) <i>thy</i>
NG	(SING-uh) <i>singer</i>	ZH	(A-zuhr) <i>azure</i> (VI-zuhn) <i>vision</i>
P	(PET) <i>pet</i>	Z	(GOODZ) <i>goods</i> (HUH-buhz-tuhn) <i>Hubbardston</i>

Examples of Phonetically Spelled Names	
NAME ON BALLOT	PRONOUNCED AS
Mishaud	mee-SHO ('d' is silent)
Jahn	HAHN (rhyme: fawn)
Beauprez	boo-PRAI (rhyme: hooray)
Maniscalco	man-uh-SKAL-ko
Tangipahoa	TAN-ji-pah-HO-uh
Monte	Mahn-TAI
Tanya	TAWN-yuh (not TAN)

DO NOT SUBMIT THIS PAGE TO THE FILING OFFICER

CANDIDATE OATH

NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: _____

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of Sneads Town Council (Office) (District #)
_____, I am a qualified elector of _____ County, Florida
(Circuit #) (Group or Seat #)

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not _____

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X

()

Signature of Candidate

Telephone Number

Email Address

Sneads

FL

32460

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☐

this _____ day of _____, 20____.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: _____

Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means

of online notarization ☐ OR physical presence ☐

this _____ day of _____, 20_____.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: _____



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FINE NOTICE

F.S.106.07 (8)(b)

Any candidate or political committee failing to file a report on the designated date shall be subject to a fine. In the case of a candidate, the fine shall be paid only from the personal funds of the candidate.

The fine shall be assessed by the filing officer at the following rate:

\$50 per day for the first 3 days late and, thereafter, \$500 per day for each late day, not to exceed 25 percent of the total receipts or expenditures, whichever is greater, for the period covered by the late report. However, for the reports immediately preceding each primary and general election, the fine shall be \$500 per day for each late day, not to exceed 25 percent of the total receipts or expenditures, whichever is greater, for the period covered by the late report.

Upon determining that a report is late, the filing officer shall immediately notify the candidate or chairman of the political committee. The fine shall be paid to the filing officer within 20 days after receipt of the notice of payment due unless an appeal is made to the Florida Elections Commission.

F.S.106.07 (8)(b)

I hereby acknowledge notification of the above statute.

Candidate or Chairman of Political Committee

Date

City Clerk or Deputy Clerk

IMPORTANT NOTICE

2024 Sneads City Election Reporting Schedule

Filing Dates for Campaign Treasurer's Report Summary with the City Clerk are as follows:

Report Type	Period Covered	Due Date
CM1	Date account opened- Feb 27 th	March 8, 2024
C1	Feb 28 th - March 8 th	March 15, 2024
C2	March 9 th - March 22 nd	March 29, 2024
C3	March 23 rd - April 4 th	April 5, 2024

*** If there is no activity during the reporting period, you may file a waiver for the report due.

*** The last day for a candidate to accept contributions is always the Thursday before the election date. Per Florida Statute

*** All opposed candidates participating in the election must file a final report. The termination report is due 90 days after the election.

*** Unopposed candidates must file a termination report 90 days after the last date for candidate qualifying.

Termination Reports

Report Type – TR

TR1- After February Qualifying (unopposed candidates)	May 24, 2024
TR2- After City Election	July 8, 2024

Instructions for Campaign Treasurer's Report Summary

- (1) **Name:** full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.
 - (2) **Address:** the full address or post office box, city, state, and zip code.
☐ Check the box if the address has changed since the last report filed.
 - (3) **ID Number:** identification number assigned by the filing officer.
 - (4) **Check the appropriate box(es).**
 - (5) **Report Identifiers**
Cover Period: the dates this report covers (i.e., From 1/1/15 To 1/31/55). **Important:** use the appropriate cover period dates as published by the filing officer.
Report Type: refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a **special election** add "S" in front of the report code (i.e., SG3).
Check one of the appropriate boxes:
☐ Original: first report filed for this reporting period.
☐ Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A.
☐ Special Election Report: **Important:** once a special election report is filed, the entity is required to file all remaining reports due for the special election.
 - (6) **Contributions This Report:**
Cash and Checks: total amount for this reporting period.
Loans: total amount for this reporting period.
Total Monetary: sum of Cash and Checks and Loans.
In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.
 - (7) **Expenditures This Report:**
Monetary Expenditures: total amount of monetary expenditures for this reporting period.
Transfers to Office Account: total amount transferred to an office account by elected candidates only.
Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.
 - (8) **Other Distributions:** the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.
 - (9) **TOTAL Monetary Contributions To Date:** the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.
 - (10) **TOTAL Monetary Expenditures To Date:** the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.
 - (11) **Type or print the required officer's name and have them sign the report:**
☐ Candidate report: treasurer and candidate must sign.
☐ PC report: treasurer and chairperson must sign.
☐ PTY report: treasurer and chairperson must sign.
☐ ECO report: organization's treasurer must sign.
☐ IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)
- AMENDMENT REPORTS:** An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94.

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

- (1) Candidate's full name or name of the political committee (PC), electioneering communications organizations (ECO) or party executive committee (PTY).
- (2) The identification number assigned by the filing officer.
- (3) Cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate year and cover periods.)
- (4) Page numbers (e.g., 1 of 3).
- (5) Date contribution was RECEIVED (Month/Day/Year).
- (6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.
For example, a M1 report having 75 contributions would use sequence numbers 1 through 75. The next report (M2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended M1 reports would begin with sequence number 76 and on amended M2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.
- (7) Type full name and address of contributor (including city, state and zip code).
- (8) Enter the type of contributor using one of the following codes:
Occupation of contributor for **contributions over \$100 only**. (If a business, please indicate nature of business.)

I	Individual	
B	Business	(also includes corporations, organizations, groups, etc.)
E	Electioneering Communications Organizations	
F	Political Committee	(federal or state)
P	Political Parties	(includes federal, state and county executive committees)
O	Other	(e.g., candidate surplus funds to party, etc.)
S	Candidate to Self	

- (9) Enter Contribution Type using one of the following codes:

NOTE: Cash includes cash and cashier's checks.

Code	Description
CAS	Cash or Cashier's Check
CHE	Check
COF	Carryover Funds from Previous Campaign
INK	In-Kind
INT	Interest
LOA	Loan
MO	Money Order
MUC	Multiple Uniform Contributions
RCT	Other Receipts
REF	Refund (Negative Amount Only)

- (10) Type the description of any in-kind contribution received.
Candidate's Only – If in-kind contribution is from a party executive committee and is allocable toward the contribution limits, type an "A" in this box. If contribution is not allocable, type an "N".
- (11) **Amendment Type** (required on amended reports) – To add a new (previously unreported) contribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.
The sequence number for contributions with amendment type "ADD" will start at one plus the number of contributions in the original report. For example, amending an original M1 report that had 75 contributions means the sequence number of the first contribution having amendment type "ADD" will be 76; the second "ADD" contribution would be 77, etc. When amending an original M2 report that had 40 contributions, the sixth "ADD" contribution would have sequence number 46.
To correct a previously submitted contribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the contribution to be corrected. In combination with the report number being amended, this sequence number will identify the contribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.
- (12) Type amount of contribution received. **Political Committees ONLY:** Multiple uniform contributions from the same person, aggregating NMT \$250 per calendar year, collected by an organization that is the affiliated sponsor of a PC, may be reported by the PC in an aggregate amount listing the number of contributors together with the amount contributed by each and the total amount contributed during the reporting period. The identity of each person making such uniform contribution must be reported to the filing officer by July 1 of each calendar year, or, in a general election year, NLT the 60th day immediately preceding the primary election.

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

- (1) Candidate's full name or name of the political committee (PC), electioneering communications organization (ECO), or party executive committee (PTY).
- (2) Identification number assigned by the filing officer.
- (3) Cover period dates (01/01/15 through 01/31/15). (See filing officer's reporting dates calendar for appropriate cover periods.)
- (4) Page numbers (e.g., 1 of 3).
- (5) Date of expenditure (Month/Day/Year).
- (6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting requirements.

For example, a M1 report having 40 expenditures would use sequence numbers 1 through 40. The next report (M2), comprised of 30 expenditures would use sequence numbers 1 through 30. Expenditures on amended M1 reports would begin with sequence number 41 and on amended M2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

- (7) Full name and address of entity receiving payment (including city, state and zip code).
- (8) Purpose of expenditure (if expenditure is a contribution to a candidate, also type the office sought by the candidate). **PLEASE NOTE:** This column does not apply to candidate expenditures, as candidates cannot contribute to other candidates from campaign funds. However, PCs (supporting candidates) and party executive committees contributing to candidates must report office sought (Section 106.07, F.S.).
- (9) Enter Expenditure Type using one of the following codes:

Code	Description
CAN	Candidate Expense
DIS	Disposition of Funds
DFC	Disposition of Funds to Future Campaign (effective 11/1/13)
DPP	Disposition of Funds to Political Party (effective 11/1/13)
DPV	Disposition of Funds to Petition Verification (effective 11/1/13)
ECC	Electioneering Communication
IEC	Independent Expenditure Regarding a Candidate
IEI	Independent Expenditure Regarding an Issue
MON	Monetary (Not to a Candidate)
PCW	Petty Cash Withdrawn
PCS	Petty Cash Spent
PPD	Pre-paid Distribution
REF	Refund (Negative Amount Only)
RMB	Reimbursements
TOA	Transfer to Office Account (Disposition of Funds)

- (10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) expenditure for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for expenditures with amendment type "ADD" will start at one plus the number of expenditures in the original report. For example, amending an original M1 reports that had 75 expenditures, means the sequence number of the first expenditure having amendment type "ADD" will be 76; the second "ADD" expenditure would have sequence number 39.

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Amount of expenditure.

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) _____
Name

(2) _____
Address (number and street)
Sneads, FL 32460
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Sneads Town Council- Group

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From ____ / ____ / ____ To ____ / ____ / ____ Report Type: _____

☐ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ ____ , ____ , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ ____ , ____ , ____ . ____

Transfers to Office Account \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ ____ , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ ____ , ____ , ____ . ____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name)

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _____ (2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
____ / ____ / ____							
____ / ____ / ____							
____ / ____ / ____							
____ / ____ / ____							
____ / ____ / ____							
____ / ____ / ____							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____ (2) I.D. Number _____
 (3) Cover Period ____/____/____ through ____/____/____ (4) Page ____ of ____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

Name

Sneads Town Council-Group

Office Sought

Address

Sneads, FL 32460

City

State

Zip Code



Candidate



Political Committee



Party Executive Committee

NOTE: This form does not apply to an electioneering communications organization (ECO). An ECO must file a report (not a waiver) that no reportable contributions or expenditures were made during the reporting period (s. 106.0703(6), F.S.).



Check here if address has changed since last report.



Check here if PC has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box and Complete Applicable Line beneath Box)



QUARTERLY REPORT



PRIMARY ELECTION



GENERAL ELECTION



OTHER REPORT TYPE

Indicate report #

M _____

Indicate report #

P _____

Indicate report #

G _____

Indicate report type and #
as applicable:



TERMINATION REPORT



SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

THROUGH

X

Signature

Date

X

Signature

Date

REQUIRED SIGNATURES FOR:

Candidates:

Candidate and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees:

Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Party Executive Committees:

Treasurer and Chairman (s. 106.29(2), F.S.)

Except as noted above for an ECO, in any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.



Florida Elections Commission

AFFIDAVIT OF FINANCIAL HARDSHIP



I, _____, a candidate for the office of
Print Name
SNEADS TOWN COUNCIL- GROUP do hereby certify, pursuant to
Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of
\$ _____ to qualify for nomination or election to public office because paying the assessment
would be an undue burden on my personal financial resources or on the financial resources available to
me. Under penalty of perjury, I declare that I have read the foregoing and that it is a true and correct
statement.

_____ Date

_____ Signature of Candidate

Address: _____

City: **SNEADS** State: **FL** Zip: **32460**

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 _____ by _____

_____ Signature of Notary Public – State of Florida

Personally Known _____ Produced Identification _____

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced _____

Received by:

Name: _____

Telephone: _____

City: _____

Date of Election: _____



Town of Sneads

PO Drawer 159

Sneads, Florida 32460

PH (850) 593-6636 Fax (850)593-5079

Website: sneadsfl.com

Facebook: Town of Sneads – City Hall

February 2024

The following Publications can be found on the Division of Election's website at:

<http://dos.myflorida.com/elections/forms-publications/publications/>

and

www.leg.state.fl.us/statutes/

- Florida Division of Elections, Candidate & Campaign Treasurer Handbook
- Florida Statue Chapter 106 Campaign Financing

and www.sneadsfl.com - under the election tab/ qualifying packet

In the Florida Election Code: Chapters 97-106, Florida Statutes; All information relates to elections. Please read over Chapter 106 (pages 118-154) as it relates to Campaign Financing and the handling of money for the election.

If you do not have a computer or are unable to view, please come to City Hall and we will print them out for you.