

# CANDIDATE ELECTION INFORMATION SHEET

## SNEADS MUNICIPAL ELECTION

### April 8, 2025

#### OFFICES UP FOR ELECTION:

City Council Elected, 2-Year Term Elected by: Voters who reside in Sneads City Limits Contribution Limit Per Person: \$1,000 per Florida Statute Takes office Second Tuesday in May Salary \$4,800- Qualifying Fee (5%) \$240- Make checks payable to: Town of Sneads	
City Council Group III	Incumbent: Mike Weeks
City Council Group IV	Incumbent: Anthony "Tony" Money
City Council Group V	Incumbent: Angela Locke

Sneads City Hall		Jackson County Supervisor of Elections Office	
PHYSICAL ADDRESS:	2028 Third Avenue Sneads, FL 32460	PHYSICAL ADDRESS:	2851 Jefferson Street Marianna, FL 32448
PHONE NUMBER:	(850) 593-6636	PHONE NUMBER:	(850) 482-9652

#### Disclaimer

The following information is provided for general reference and does not constitute legal advice. Interested parties should refer to the Florida Statutes and applicable case law.

#### New Information from 2024

Legislation from the 2024 Florida legislative session has made several changes to statutes affecting candidates. The information in this packet has been updated to conform to the revisions.

- SB774/HB37 revised financial disclosure requirements by requiring that mayors and elected members of the governing body of a municipality, and candidates for those offices, must file a full and public disclosure of their finances. In addition, at the time of qualifying, certain candidates may provide a verification or receipt of electronic filing of their financial disclosure records with the Commission Ethics instead of the financial disclosure itself.
  - On 6/10/24 Judge Melissa Damian of the Southern District of Florida issued a preliminary injunction against enforcement of SB774's changes to financial disclosure requirements of municipal candidates. See page three for additional information.
- SB666/HB707 requires that candidates provide their residential address on the candidate oath.
- SB7050/HB7067 further revised the candidate oath by requiring that candidates affirm on their oath whether they owe any outstanding fines, fees, or penalties. In addition, the oath now solicits further details regarding the candidate's name and provides further procedures for the use of nicknames. Finally, the bill revised the timeline for campaign finance reports.

# QUALIFYING

## QUALIFYING PERIODS

**MUST BE REGISTERED TO VOTE IN JACKSON COUNTY AND LIVE IN THE TOWN OF SNEADS SIX MONTHS PRIOR TO QUALIFYING.** Candidates must file their qualifying paperwork and pay the **\$240 qualifying fee** at Sneads City Hall.

**When:** Begins at 7am, February 17, 2025, and ends at Noon, February 21, 2025.  
Qualifying papers may be accepted beginning Monday, February 3, 2025, pursuant to Section 99.061(8), F.S.

**Where:** Sneads City Hall: 2028 Third Avenue, Sneads, FL 32460  
Phone Number: 850-593-6636

## WHAT TO FILE DURING QUALIFYING

**NOTE:** Before Qualifying, each Candidate must have a Bank Account Set up titled "Campaign Fund Account." Qualifying fee must be paid from this account as well as any other campaign expenses such as signs, cards, etc. \*See the Candidate & Campaign Treasurer Handbook for more information\*

**DS-DE 9 APPOINTMENT OF CAMPAIGN TREASURER** – This form must be filed with Sneads City Hall **before** you open a campaign account.

**DS-DE 84 STATEMENT OF CANDIDATE** – If you have not read Chapter 106 of the Florida Statutes you are allowed to take up to 10 days after filing the DS-DE 9 Appointment of Campaign Treasurer to read Chapter 106 of the Florida Statutes and then file this document

**DS-DE 302NP CANDIDATE OATH – NONPARTISAN OFFICE** – This document must be notarized. Our office can notarize this for you free of charge. If you want us to notarize this for you, please wait until you are in front of the notary public in our office before signing the document.

## Financial Disclosure Requirements

**FORM 1/FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANACIAL INTERESTS Form 1s must now be filed via the ethics website, printed, and filed with Sneads City Hall at qualifying. Beginning January 1, 2022, an incumbent in an elective office or a candidate holding another position subject to an annual filing requirement may submit a copy of the full and public disclosure of financial interests filed with the Florida Commission on Ethics with the officer before whom he or she qualifies. A candidate not subject to an annual filing requirement does not file with the commission but has to complete and print a full public disclosure of financial interests via the Florida Commission on Ethics website. *If you have questions about filling out these forms, please direct them to the Florida Commission on Ethics at (850)488-7864.***

As part of qualifying, you must satisfy financial disclosure requirements. The specific form depends on the office sought.

**Mayor and City Commissioner:**

- On 6/10/24 Judge Melissa Damian of the Southern District of Florida issued a preliminary injunction against enforcement of SB774's changes to financial disclosure requirements of municipal candidates.
- Any City Commission candidates who have not yet qualified may do so using either a Form 1 or a Form 6. We will accept either option this time.
- This is an area of active litigation; it is possible that additional litigation could stay the Judge's order and require municipal candidates to use Form 6 once again.

**EQUIPMENT TEST NOTICE RECEIPT** – Our office extends an invitation to every candidate to attend the Logic and Accuracy testing of the equipment that will be in service for the Municipal election. This can be found in your packet. You must sign the Equipment Test Notice Receipt, acknowledging you have received the invitation.

The CAMPAIGN TREASURER'S REPORT SUMMARY, CAMPAIGN TREASURER'S REPORT – CONTRIBUTIONS, CAMPAIGN TREASURER'S REPORT – EXPENDITURES, AND WAIVER OF REPORT are included, prior to use of them, make copies for future reports.

## QUALIFYING PAPERWORK MUST BE SUBMITTED TO SNEADS CITY HALL

# Candidate Forms and Publications Information

## FORMS

The forms of interest to candidates can be found in this packet, on the Towns website: [www.sneadsfl.com](http://www.sneadsfl.com) under the Election Tab or on the Candidate Forms page on the Jackson County Supervisor of Elections website: <http://www.VoteJacksonFL.Gov> include but are not limited to the following:

- ***Appointment of Campaign Treasurer (DS-DE 9)***
- ***Statement of Candidate (DS-DE 84)***
- ***Campaign Treasurer's Report (DS-DE 12)***
- ***Waiver of Report (DS-DE 87)***

If you are looking for Financial Disclosure Forms, they can be found on the Florida Commission on Ethics website: <http://www.ethics.state.fl.us/forms.html>.

Once on the Florida Commission on Ethics website, click on Forms to find:

- ***Form 1 (Statement of Financial Interests)***
- ***Form 1F (Final Statement of Financial Interests)***
- ***Form 6 (Full and Public Disclosure of Financial Interests)***

**\*\*\* Reminder: Forms are year-specific so make sure you get the right one! \*\*\***

## PUBLICATIONS

Helpful publications can be found on the Florida Division of Elections website:

<http://election.dos.state.fl.us/publications/publications.shtml>.

From the Florida Division of Elections website, click on Forms & Publication -Publications or click on Opinions/Rules/Laws/Directives -Florida Laws and Procedures to find a number of useful publications including:

- ***Candidate and Campaign Treasurer Handbook***
- ***Candidate Petition Handbook***
- ***Election Laws (INCLUDES CHAPTER 106 – CAMPAIGN FINANCING)***

**JACKSON COUNTY SUPERVISOR OF ELECTIONS DATA PRICE LIST 11/2024**

Voter Registration Records are public records except for Driver's License and Social Security Number

**Lists Of Active Registered Voters Include:**

Mailing Address	Date of Registration	Race*	Sex*
Residence Address	Party	Voting History (available on Request)	
Date of Birth	Precinct and Districts		

***\*This information is accurate only through December 1998. Sex and race are optional effective January 1996.***

**Lists And Labels May Include All Of The Following Or May Be Sorted To:**

Voters of specific parties  
Voters with out-of-county mailing addresses  
Voters with in-county mailing addresses  
Voters who have requested Vote by Mail ballots  
Vote by Mail addresses available to only Candidates & Parties  
Voters in all or specific precincts  
Voters in specific districts (FL House, FL Senate, County, City, School, Fire or Special)  
New registrations in a specific date range  
Electors who voted in a specific election  
Precinct walking lists (Residence Address by Precinct)

**Services & Materials Rates**

Voter lists .....27 – 52 names per page, \$.15 per page  
Voter labels.....\$.25 per page of labels (we supply labels)  
Emailed files .....No Charge  
Verification of Signatures .....\$.10 per name

**Also Available:**

Past election data, Voter statistics, Candidate Information  
Copies.....\$.15 one-sided, \$.20 two-sided copies  
FAX .....\$1.00 per page  
Chapters 99, 105 & 106 Florida Statutes Booklet.....No charge\*\*  
Florida Election Code.....No charge\*\*  
Candidate Handbook .....No charge\*\*  
GIS Large Map.....\$20.00\*\*\*

***\*\*Available online to download or print through Florida Division of Elections website.***

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

***\*\*\*Countywide District Maps available online <https://www.votejacksonfl.gov/Public-Information/News-Events>***

All materials and services **must be paid for when received or in advance if mailing.**

All materials and services furnished to a candidate **may be paid for by campaign account check.**

**Make checks payable to: Supervisor of Elections, Jackson County.**



*Florida Department of Transportation*

RON DESANTIS  
GOVERNOR

605 Suwannee Street  
Tallahassee, FL 32399-0450

JARED W. PERDUE, P.E.  
SECRETARY

November 8, 2023

**Notice to candidates for election to offices in the State of Florida**

The Department of Transportation's Office of Right of Way would like to remind you of State Law regarding political campaign signs:

- (1) Signs placed on the state rights of way — Political campaign signs may not be placed in the right of way of any state or national highway [Chapter 479.11(8), Florida Statutes]. A joint effort by the Florida Department of Transportation and the Florida Highway Patrol produced a brochure explaining that the unauthorized use of the public right of way is prohibited by Florida law. This brochure further outlines how the right of way is regulated and how to recognize the location of the right of way line. The brochure is available on our website, <http://www.fdot.gov/rightofway/>. Please feel free to print and copy the brochure for distribution. We recommend campaigns make this brochure required reading for volunteers who post candidate signage.
  
- (2) Signs placed on private property — Temporary political campaign signs may be placed on private property with the permission of the owner. Such signs do not require a permit under state law.

Please advise your campaign workers to ensure that signs are placed on private property. Signs placed on the state rights of way must be picked up by Department staff and placed in one of the Department's maintenance yards. We will make every effort to place a courtesy call to your campaign office advising of sign removal and the location of the maintenance yard where the signs have been stored.

If you have any questions regarding this issue, please contact the Department's Outdoor Advertising Office in Tallahassee at (850) 414-4569.

Sincerely,

Scott Foltz, Director  
Office of Right of Way



## Town of Sneads

PO Drawer 159

Sneads, Florida 32460

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

Website: [sneadsfl.com](http://sneadsfl.com)

Facebook: Town of Sneads – City Hall

### 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!



## Town of Sneads

PO Drawer 159

Sneads, Florida 32460

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

Website: [sneadsfl.com](http://sneadsfl.com)

Facebook: Town of Sneads – City Hall

### 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 1 or 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 17<sup>th</sup> -21<sup>st</sup> (noon), \$240
- \_\_\_\_\_ TURN IN- All Qualify Paperwork (See qualifying Checklist)
- \_\_\_\_\_ TURN IN- CM1- March 7<sup>th</sup>
- \_\_\_\_\_ TURN IN- C1- March 14<sup>th</sup>
- \_\_\_\_\_ TURN IN- C2- March 28<sup>th</sup>
- \_\_\_\_\_ Public Logic & Accuracy Testing at JC Supervisor of Elections Office- March 25<sup>th</sup> @ 10am, not mandatory to attend
- \_\_\_\_\_ TURN IN- C3- April 4<sup>th</sup>
- \_\_\_\_\_ Election Day- April 8<sup>th</sup> - Polls open 7am-7pm
- \_\_\_\_\_ TURN IN- TR- May 22<sup>nd</sup> – Unopposed Candidates
- \_\_\_\_\_ TURN IN- TR- July 7<sup>th</sup> – 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 10, 2025**. 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](http://www.VoteJacksonFL.gov).

**The last day to request a VBM ballot is March 26, 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 8, 2025.

## **\*\*\* 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, March 25, 2025, at 10:00am**. 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 8, 2025**. 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.



**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.

OFFICE USE ONLY

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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

**PLEASE BRING THE FOLLOWING PAPERS TO  
THE SNEADS CITY HALL OFFICE DURING QUALIFYING**  
7am Monday, February 17, 2025 – Noon Friday, February 21, 2025

- APPOINTMENT OF CAMPAIGN TREASURER
- STATEMENT OF CANDIDATE
- STATEMENT OF CANDIDATE RECEIPT
- CANDIDATE OATH (NOTARIZED)
- FORM 1 or 6
- EQUIPMENT TEST NOTICE RECEIPT
- QUALIFYING FEE



# **Sneads Qualifying Checklist**

**7am Monday, February 17, 2025 - Noon Friday, February 21, 2025**

**Candidate's Name:**

**Office Sought: Sneads Town Council- Group**

- Appointment of Campaign Treasurer (DS- DE 9)**
- Statement of Candidate (DS-DE 84)**
- Candidate Oath (DS-DE 302NP) Non-Partisan**
- Form 1 or 6 Financial Disclosure**
- Equipment Testing Notice**
- Check Amount (240.00)**
- Issue Receipt for Qualifying Check**

**Qualifying Officer \_\_\_\_\_**

**Note: Timestamp all qualifying paperwork**



# FORM 1 or 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 1 or Form 6 for financial disclosure as a requirement of qualifying. **Form 1 and Form 6 are E-Filed, and a copy must be submitted with your qualifying packets.** A person will not be able to qualify unless a Form 1 or Form 6 has been completed and submitted.

In order to file a Form 1 or 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 1 or Form 6, online. It is now State Law that these forms are filed electronically. It is your responsibility as a candidate to have all forms ready when qualifying.

If you have any questions about Form 1 or Form 6, contact the Florida Commission on Ethics at 850-488-7864 or Jackson County Supervisor of Elections Office at 850-482-9652.



## Instructions for Filing Form 1 Electronically

Navigate to this website:

<https://disclosure.floridaethics.gov/Account/Login> Click on I am a CANDIDATE







unless you are already in office and have a username and password – THEN CLICK ON

**“I AM A FILER”**

Chrome, Edge, or Firefox are the recommended browsers to use in the EFDMs website. If you are not using one of these browsers, you will be able to access the site, but the pages may not display or function as designed.

### Login

Please tell us what type of user you are:

 <b>I am a Filer</b> Are you a public officer or public employee with a Form 1 or a Form 6 requirement? If so, then click here to log in and file the Form 1, Form 6, or Form 2. Candidates for office who currently hold public employment or a public position that requires financial disclosure should also click here to log in.  How to Video	 <b>I am a Candidate</b> Are you a non-incumbent candidate who is attempting to qualify for office AND you do not currently hold a public position that requires financial disclosure? If so, then click here to log in.  How to Video	 <b>I am an Organization Coordinator</b>
 <b>I am a CPA or Attorney who is assisting a filer</b>		

Click on the “Request Registration Email” link on this page.

Response time varies but should be within 24-48 business hours. The email will be from [mail.disclosure.floridaethics.gov](mailto:mail.disclosure.floridaethics.gov).

Once you receive the email – follow the steps to create your online account and move forward with filing your form online. If you have forgotten your user name or password – go to Candidate Login and click on “Forgot Username” or “Forgot Password”

Chrome, Edge, or Firefox are the recommended browsers to use in the EFDMs website. If you are not using one of these browsers, you will be able to access the site, but the pages may not display or function as designed.

### Login

#### Request Candidate Registration Email

If you are not an incumbent candidate AND do not hold another position requiring financial disclosure, you will need to request an account.

Emails are sent from [mail.disclosure.floridaethics.gov](mailto:mail.disclosure.floridaethics.gov). Please safeguard this address to avoid missing any email sent by the system.

[Request Registration Email](#)

#### Candidate Login

Username

Password

Remember Me [Forgot Username](#) [Forgot Password](#)

[Login](#)

Chrome, Edge, or Firefox are the recommended browsers to use in the EFDMs website. If you are not using one of these browsers, you will be able to access the site, but the pages may not display or function as designed.

# 2024 Form 1 Instructions Statement of Financial Interests

## Notice

The annual Statement of Financial Interests is due July 1. If the annual form is not submitted via the electronic filing system created and maintained by the Commission by September 1, an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. Failure to file also can result in removal from public office or employment. [s. 112.3145, F.S.]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$20,000. [s. 112.317, F.S.]

## Instructions for Completing and Filing Form 1 Statement of Financial Interests

**WHEN TO FILE:** *Initially*, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter**, file by July 1 following each calendar year in which they hold their positions.

**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2024.

### **WHO MUST FILE FORM 1:**

1. Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.
2. Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding those required to file full disclosure on Form 6 as well as members of solely advisory bodies, but including judicial nominating commission members; Directors of Enterprise Florida, Scripps Florida Funding Corporation, and Career Source Florida; and members of the Council on the Social Status of Black Men and Boys; the Executive Director, Governors, and senior managers of Citizens Property Insurance Corporation; Governors and senior managers of Florida Workers' Compensation Joint Underwriting Association; board members of the Northeast Fla. Regional Transportation Commission; board members of Triumph Gulf Coast, Inc.; board members of Florida Is For Veterans, Inc.; and members of the Technology Advisory Council within the Agency for State Technology.
3. The Commissioner of Education, members of the State Board of Education, the Board of Governors, the local Boards of Trustees and Presidents of state universities, and the Florida Prepaid College Board.
4. Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file Form 6.
5. Appointed members of the following boards, councils, commissions, authorities, or other bodies of county, municipality, school district, independent special district, or other political subdivision: the governing body of the subdivision; community college or junior college district boards of trustees; boards having the power to enforce local code provisions; boards of adjustment; community redevelopment agencies; planning or zoning boards having the power to recommend, create, or modify land planning or zoning within a political subdivision, except for citizen advisory committees, technical coordinating committees, and similar groups who only have the power to make recommendations to planning or zoning boards, and except for representatives of a military installation acting on behalf of all military installations within that jurisdiction;

This section is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose any public salary or public position(s). The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded \$2,500 of gross income received by you in your own name or by any other person for your use or benefit.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony if considered gross income under federal law, but not child support.

If disclosure of a primary source of income will place you in violation of confidentiality or privilege pursuant to law or rules governing attorneys, you may write "Legal Client" in each of the disclosure fields without providing any further information.

Examples:

- If you were employed by a company that manufactures computers and received more than \$2,500, list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$2,500, list the name of the firm, its address, and its principal business activity (practice of law).
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded \$2,500, list the name of the business, its address, and its principal business activity (retail gift sales).
- If you received income from investments in stocks and bonds, list each individual company from which you derived more than \$2,500. Do not aggregate all of your investment income.
- If more than \$2,500 of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.
- If more than \$2,500 of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

## Secondary Sources of Income

[Required by s. 112.3145(3)(b)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in "Primary Sources of Income," if it meets the reporting threshold. You will not have anything to report unless, during the disclosure period:

1. You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and**,
2. You received more than \$5,000 of your gross income during the disclosure period from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

If disclosure of a secondary source of income will place you in violation of confidentiality or privilege pursuant to law or rules governing attorneys, you should disclose the name of the business entity for which your ownership and gross income exceeded the two thresholds above, and then write "Legal Client" in the remaining disclosure fields without providing any further information.

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure period an interest in, or held any of certain positions with the types of businesses listed above. You must make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

### **Training Certification**

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer, appointed school superintendent, a commissioner of a community redevelopment agency created under Part III, Chapter 163, or an elected local officer of an independent special district, including any person appointed to fill a vacancy on an elected independent special district board, whose service began on or before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

CE FORM 1 - Effective: January 1, 2025

Incorporated by reference in Rules 34-8.001 and 34-8.202, F.A.C

2023 Form 1 - Statement of Financial Interests

**General Information**

Name: DISCLOSURE FILER  
Address: SAMPLE ADDRESS PJD SAMPLE  
County: SAMPLE COUNTY

**AGENCY INFORMATION**

Organization: SAMPLE Suborganization: SAMPLE Title: SAMPLE

**Disclosure Period**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

**Primary Sources of Income**

PRIMARY SOURCE OF INCOME (Over \$2,500 for sources of income to the reporting person)  
(If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity

2023 Form 1 - Statement of Financial Interests

Liabilities	
LIABILITIES (Major debts valued over \$10,000): (If you have nothing to report, write "none" or "n/a")	
Name of Creditor	Address of Creditor

Interests in Specified Businesses
INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses) (If you have nothing to report, write "none" or "n/a")
Business Entity # 1

Training
Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

E-FILING SAMPLE

## Important Notice

TO: Candidates

FROM: Carol A. Dunaway  
Supervisor of Elections

RE: Electronic Tabulation Equipment Testing – 2025 Municipal Election

The electronic tabulation equipment which will be in service for April 8, 2025, Sneads Municipal Election will be tested on:

Tuesday, March 25, 2025, 10:00 a.m.  
(Early Voting & Precinct Equipment)

The Logic & Accuracy Test will be held at the **Supervisor of Elections Office, 2851 Jefferson Street, Marianna, FL 32448**, and will be legally advertised no later than 48 hours prior to the testing date and time.

## Important Notice



TO: Candidates  
FROM: Carol A. Dunaway  
Supervisor of Elections  
RE: Electronic Tabulation Equipment Testing – 2025 Municipal Election

The electronic tabulation equipment which will be in service for April 8, 2025, Municipal Election will be tested on:

March 25, 2025 @ 10:00 AM  
(Tabulation Equipment)

Supervisor of Elections Office  
2851 Jefferson Street  
Marianna, FL 32448

---

I \_\_\_\_\_, (Print Name) acknowledge that I have received a copy of the above-mentioned notice concerning the electronic tabulation equipment testing.

---

Signature of the Candidate

---

Date

**Sneads Town Council- Group-**

---

Office Sought

---

Qualifying Officer





**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.

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

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

<b>Examples of Phonetically Spelled Names</b>	
<b>NAME ON BALLOT</b>	<b>PRONOUNCED AS</b>
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 Jackson \_\_\_\_\_ 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: \_\_\_\_\_

See Back

**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.

<b>Amount</b>	<b>Entity</b>

**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: \_\_\_\_\_



# Town of Sneads

PO Drawer 159

Sneads, Florida 32460

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

Website: [sneadsfl.com](http://sneadsfl.com)

Facebook: Town of Sneads – City Hall

## 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

## 2025 Sneads City Election Reporting Schedule

\*\*\*Reports are due by close of business of designated due date\*\*\*

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

<b>Report Type</b>	<b>Period Covered</b>	<b>Due Date</b>
CM1	Date account opened- Feb 25 <sup>th</sup>	March 7, 2025
C1	Feb 26 <sup>th</sup> - March 7 <sup>th</sup>	March 14, 2025
C2	March 8 <sup>th</sup> - March 21 <sup>st</sup>	March 28, 2025
C3	March 22 <sup>nd</sup> - April 3 <sup>rd</sup>	April 4, 2025

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

\*\*\* 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 22, 2025
TR2- After City Election	July 7, 2025

## **COMMON MISTAKES MADE BY CANDIDATES AND CAMPAIGN TREASURERS**

- Accepting anonymous contributions, such as passing the hat or selling tickets for fund raisers without getting the required information from contributors.
- Failing to properly mark political disclaimers on political advertisements, campaign literature and ads.
- Accepting contributions prior to filing an Appointment of Campaign Treasurer and Designation of Campaign Depository form with the appropriate filing officer.
- Filing Campaign Treasurer Reports late.
- Allowing unauthorized individuals to sign campaign reports.
- Showing a deficit in campaign contribution and expenditure reports.
- Taking contributions in excess of legal limitations.
- Failing to notify the filing officer of changes in treasurers, addresses, or other required information.
- Making donations to charitable organizations from campaign funds before the candidate is elected, eliminated, withdrawn, or elected unopposed.
- Accepting contributions to cover outstanding expenses after the election.

### 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

OFFICE USE ONLY

(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		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
/ /							
/ /							
/ /							
/ /							
/ /							

## 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 FL State 32460 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 #

Q \_\_\_\_\_

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](http://sneadsfl.com)**

**Facebook: Town of Sneads – City Hall**

February 2025

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/](http://www.leg.state.fl.us/statutes/)

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

and [www.sneadsfl.com](http://www.sneadsfl.com) - under the election tab/ qualifying packet

In the Florida Election Code: Chapters 97-106, Florida Statues; 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.