



Town of \_\_\_\_\_

**Micanopy**  
\_\_\_\_\_ Florida

# 2024

## BECOMING A CANDIDATE

### GENERAL INFORMATION

- 2024 Election Date August 20, 2024
- Seat 3
- Qualifying 06/03/2024 – 06/06/2024
- Qualifying Fee is 1% of a commissioner's salary - \$60
- All campaign expenses, including qualifying fees must be paid from campaign account

706 NE Chokolka Blvd.  
PO Box 137, Micanopy, FL 32667-0137  
(352) 466-3121 Town Hall (352) 466-4912 Fax  
[townhall@micanopytown.com](mailto:townhall@micanopytown.com)

**FORMS TO BE FILED DURING QUALIFYING**

<b>Appointment of Campaign Treasurer &amp; Depository</b>	<b>Statement of Candidate</b>	<b>Candidate Oath</b>	<b>Financial Disclosure</b>	<b>Campaign Treasurer's Report Summary &amp; Detail</b>
<p align="center"><b>Form DS-DE 9</b></p> <p>MUST BE FILED BEFORE:                      1. Opening a bank account                      2. Accepting contributions or making expenditures for the campaign.</p>	<p align="center"><b>Form DS-DE 84</b></p> <p>Due during qualifying period</p>	<p align="center"><b>Form DS-DE 302NP</b></p> <p>Due during qualifying period</p>	<p align="center"><b>Form 6</b></p> <p>Due during qualifying period</p> <p><b>Note:</b> Candidate must create an account with Florida Commission on Ethics at website below.</p>	<p align="center"><b>Form DS-DE 12 DE-DE13, and DS-DE14</b></p> <p align="center">Report date TBD</p>

**Form 6 Filing:**

An account must be created by visiting the following site:

[Login - Electronic Financial Disclosure Management System \(floridaethics.gov\)](http://floridaethics.gov)

OFFICE USE ONLY

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

I, \_\_\_\_\_ ,  
candidate for the office of \_\_\_\_\_ ;  
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).

## 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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(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

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.

<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: \_\_\_\_\_

**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>	<b>Certain Vowel Sounds with R</b>	
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	(JUHG) <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-uhr) <i>singer</i>	ZH	(A-zuhr) <i>azure</i> (VI-zuhhn) <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**

# CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

(1) \_\_\_\_\_  
Name

(2) \_\_\_\_\_  
Address (number and street)

\_\_\_\_\_  
City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: \_\_\_\_\_

Political Committee (PC)

Electioneering Communications Org. (ECO)

Check here if PC or ECO has disbanded

Party Executive Committee (PTY)

Check here if PTY has disbanded

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

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

### 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.



## 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				
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## 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.

## 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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

## 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.