



2024 QUALIFYING CHECKLIST FOR COUNTY COURT JUDGE

Required Forms

DS-DE 9 - Appointment of Campaign Treasurer and Designation of Campaign Depository

DS-DE 84 – Statement of Candidate

DS-DE 83 – Statement of Candidate for Judicial Office

DS-DE 303JU – Candidate Oath Judicial Office

Note: Candidate's name will appear on the ballot as it is written on the candidate oath (Form DS-DE 303JU)

Form 6 – Copy or confirmation of receipt of your Full and Public Financial Disclosure

Note: All disclosures must be filed electronically with the Commission on Ethics via the [Electronic Financial Disclosure Management System](#).

Candidate Oath is notarized

Qualifying Method

- Qualifying Fee Amount: **\$7,224.64**
- Campaign Check
- Signed by Treasurer or Deputy Treasurer

Note: Checks must be made payable to Hillsborough County Supervisor of Elections

or

- Certificate of Petition Qualifying

Note: Candidate must provide a copy of their qualifying certificate along with their qualifying documents.

Other Candidate Forms

- Acknowledgement of Receipt of Information
- Candidate Contact Information Sheet
- Vote By Mail Data Request Form



**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):

4. Telephone:

()

5. Candidate's Voter Registration #:

_____ (not required for qualifying purposes)

6. Email Address:

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

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

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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).

**STATEMENT OF
CANDIDATE
FOR JUDICIAL OFFICE**

(Section 105.031(5), F.S.)

(Please Type)

OFFICE USE ONLY

I, _____

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.

(Signature of candidate)

(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

**CANDIDATE OATH
JUDICIAL OFFICE**

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 judicial office of _____, _____, _____,
(Office) (District #)
_____, _____; my legal residence is _____ County, Florida;
(Circuit #) (Group or Seat #)

I am a qualified elector of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the constitution and laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and 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. 105.031(4) 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 _____

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: _____

Signature of Notary Public

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

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: _____

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) 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	Certain Vowel Sounds with R	
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		

Consonants			
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

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



ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

This is to acknowledge receipt of the following items:

1. Calendar of Reporting Dates
2. Notification of Logic and Accuracy Testing (For Primary and General Election)
3. Sign Information
4. Candidate Treasurer Handbook
5. Florida Election Laws

I understand that the following information is sent electronically and that if I do not receive it within one business day after initially filing my Appointment of Campaign Treasurer and Designation of Campaign Depository for Candidates, DS-DE 9, it is my responsibility to contact the office to let them know the information was not received.

1. Electronic Filing Login Name and Password
2. Campaign Finance User's Manual

Candidate's Signature

Date Signed

Print Candidate's Name





Candidate Contact Information

Name of Candidate: _____

Office Sought (include district/group number): _____

Address	
Phone Number	
Email Address	

*Alternative Contact

Name	
Phone	
Email Address	

This information is for our internal use and will not be published on our website. However, please be aware that Florida has a very broad public records law. Written communications to or from the Supervisor of Elections are public records and are available to the public and media upon request unless the information is subject to a specific statutory exemption. Email addresses are also public records. If you do not want your email address released in response to a public records request, please contact us by mail or phone, or visit us in person.





REQUEST FORM FOR VOTE BY MAIL (ABSENTEE) DATA

Requestor Name: _____ Phone No.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

(Where the login credentials will be sent)

Vote By Mail voter data for the _____ Election Cycle

Vote By Mail ballot request information is confidential and exempt from public disclosure under section 101.62(3), Florida Statutes, except to the following persons or entities who may obtain and use it for political purposes only:

- 1) Canvassing board, 2) Election official, 3) Political party or official thereof, 4) Registered political committees, 5) Candidate who has filed qualification papers and is opposed in an upcoming election, and 6) Voter (entitled only to access his or her own absentee ballot request information directly from Supervisor of Elections for county of residence).

For electronic access to Vote by Mail request information from the Supervisors of Elections, check the applicable authorization category and submit this completed form:

- A candidate who has filed qualification papers and is opposed in an upcoming election**
- Canvassing Board**
- An Election Official**
- Registered Political Committee**
- A Political Party or Official Thereof**

I affirm that I am a person authorized by Section 101.62(3), Florida Statutes, to acquire Vote by Mail ballot request information.

Signature: _____ Date: _____

(Electronic signatures will not be accepted)

Mail completed form to:
Supervisor of Elections
Attn: Candidate Services
2514 N. Faulkenburg Rd.
Tampa, FL 33619

OR

Scan and return by email to:
Enjoli White at
ewhite@votehillsborough.gov

OR

Fax to:
(813) 272-7043
Attn: Candidate
Services

