

Qualifying Candidate's Check List

| CANDIDATE'S NAME: | | | SEAT NO.: |
|---|--|--|-----------------------------------|
| RESIDENCY ADDRESS: | | | PCT. NO.: |
| MAILING ADDRESS: | Otrest | City State | 75. |
| TELEPHONE NOS.: PRIMARY: | | • | |
| CAMPAIGN TREASU | JRER'S NAME(S): | | |
| NAME OF PRIMARY | DEPOSITORY: | | |
| REMARKS: If apprint first day of qualifying. | olicable: Resign to (s.99.012 F.S.) | Run Letter must be filed at | least ten (10) days prior to |
| THE FOLLOWING IT | EMS MUST BE FI | LED AT THE TIME OF QUA | LIFYING: |
| | DS-DE9 | Appointment of Campaign Tr Depository (if not already on | reasurer and Designation of file) |
| | DS-DE84 | Statement of Candidate | |
| | DS-DE 302NP | Oath of Candidate | |
| | CE Form 1 | Statement of Financial Interests | |
| | 1% Election | Qualifying Filing Fee must be written on CAMPAIGN CHECK ONLY made payable to the City of Pembroke Pines. (Filing fer includes 1% Election Assessment. Acknowledged Notice of Logic and Accuracy Test. Notice of Candidacy Acceptance of Candidacy | |
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| | | Declaration of Residency | |