## ELECTION ASSESSMENT (One Percent)

County Ci	ty Election Date	Qualifying End Date
A. Office  ☐ Mayor  ☐ City Clerk  ☐ City Commissioner  ☐ Other	B. Candidate (Name) (Address) (City,ST	C. Party  Democrat Republican  Minor Party No Party Affiliation  Nonpartisan Write In
D. Annual Salary \$	1 % Assessment \$	Undue Burden  Yes No
A. Office  Mayor City Clerk City Commissioner Other  D. Annual Salary \$	B. Candidate  (Name)  (Address)  (City,ST)  1 % Assessment \$	C. Party  Democrat Republican  Minor Party No Party Affiliation Nonpartisan Write In  Undue Burden Yes No
A. Office	B. Candidate	C. Party
☐ Mayor ☐ City Clerk ☐ City Commissioner ☐ Other ☐ D. Annual Salary \$ ☐	(Name) (Address) (City,ST)  1 % Assessment \$	Democrat
A. Office	B. Candidate	C. Party
<ul><li>☐ Mayor</li><li>☐ City Clerk</li><li>☐ City Commissioner</li><li>☐ Other</li></ul>	(Name) (Address) (City,ST)	☐ Democrat ☐ Republican ☐ Minor Party ☐ No Party Affiliation ☐ Nonpartisan ☐ Write In
D. Annual Salary \$	1 % Assessment \$	Undue Burden
A. Office  ☐ Mayor  ☐ City Clerk  ☐ City Commissioner  ☐ Other  D. Annual Salary \$	B. Candidate  (Name)  (Address)  (City,ST)  1 % Assessment \$	C. Party  Democrat Republican  Minor Party No Party Affiliation  Nonpartisan Write In  Undue Burden Yes No
Submitted By: Name		Phone Number
Address		City Zip

Remit to: Florida Elections Commission, 107 West Gaines Street, Suite 224, Tallahassee, Florida 32399