

ELECTION ASSESSMENT (One Percent)

County City 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

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Submitted By: Name Phone Number

Address City Zip