COUNTY CANDIDATE ONE PERCENT County: REMITTANCE FEE FORM Date: (CHOOSE ONE OFFICE) *If Other, List Name of Board: X 1% = **Number of Candidates** Fee Per Candidate Total (CHOOSE ONE OFFICE) *If Other, List Name of Board: X 1% = Fee Per Candidate **Number of Candidates** Total (CHOOSE ONE OFFICE) *If Other, List Name of Board: X 1% = Fee Per Candidate **Number of Candidates** (CHOOSE ONE OFFICE) *If Other, List Name of Board: Fee Per Candidate **Number of Candidates** Salary Total (CHOOSE ONE OFFICE) *If Other, List Name of Board: X 1% = Fee Per Candidate **Number of Candidates** Total (CHOOSE ONE OFFICE) *If Other, List Name of Board: X 1% = Salary Fee Per Candidate **Number of Candidates** (CHOOSE ONE OFFICE) *If Other, List Name of Board: X 1% = **Number of Candidates** Fee Per Candidate Salary Total (CHOOSE ONE OFFICE) *If Other, List Name of Board: X 1% = Fee Per Candidate **Number of Candidates** Total (CHOOSE ONE OFFICE) *If Other, List Name of Board: X 1% =

Number of Candidates

Total

Fee Per Candidate

Salary

COUNTY CANDIDATE ONE PERCENT REMITTANCE FEE FORM

County: Date:

GRAND TOTAL

Attach one check for the grand total made payable to the

Elections Commission Trust Fund

Mail the remittance forms and your check to:

Florida Elections Commission 107 West Gaines Street Suite 224, Collins Building Tallahassee, Florida 32399-1050