

**COUNTY CANDIDATE ONE PERCENT  
REMITTANCE FEE FORM**

County:

Date:

**(CHOOSE ONE OFFICE)** \*If Other, List Name of Board:

$$\underline{\hspace{2cm}} \text{ Salary} \quad \times \quad 1\% \quad = \quad \underline{\hspace{2cm}} \text{ Fee Per Candidate} \quad \times \quad \underline{\hspace{2cm}} \text{ Number of Candidates} \quad = \quad \underline{\hspace{2cm}} \text{ Total}$$

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**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**