

SCHOOL BOARD CANDIDATE(S) FEES

COUNTY REMITTANCE FORM

105.031(3), F.S.

County: _____ Date: _____

Number of School Board Seats Up for Re-Election.....

Number of Qualified School Board Candidates

Number of Paid School Board Candidates

Number of Candidates filed by Petition

(Please submit names on second page)

Number of Write-In Candidates

(Please submit names on second page)

$$\begin{array}{ccccccc}
 \$ & \underline{\hspace{2cm}} & \times & 1\% & = & \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 & \text{Salary} & & & & & \text{Election Assessment} & & \text{Paid Candidates} & &
 \end{array}$$

$$\begin{array}{ccccccc}
 \$ & \underline{\hspace{2cm}} & \times & 3\% & = & \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 & \text{Salary} & & & & & \text{Filing Fee} & & \text{Paid Candidates} & &
 \end{array}$$

GRAND TOTAL \$ _____

Please attach one check made payable to the Elections Commission Trust Fund for all candidates for the filing fee and election assessment.

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

Prepared and Submitted By:

Name: _____ Position: _____ Telephone: _____

Email: _____ Address: _____

City: _____ State: _____ Zip: _____

Candidates filing by Petition / Write-In

1. Name: _____	Office: _____
2. Name: _____	Office: _____
3. Name: _____	Office: _____
4. Name: _____	Office: _____
5. Name: _____	Office: _____
6. Name: _____	Office: _____
7. Name: _____	Office: _____
8. Name: _____	Office: _____
9. Name: _____	Office: _____
10. Name: _____	Office: _____
11. Name: _____	Office: _____
12. Name: _____	Office: _____
13. Name: _____	Office: _____
14. Name: _____	Office: _____
15. Name: _____	Office: _____
16. Name: _____	Office: _____
17. Name: _____	Office: _____
18. Name: _____	Office: _____
19. Name: _____	Office: _____
20. Name: _____	Office: _____
21. Name: _____	Office: _____
22. Name: _____	Office: _____
23. Name: _____	Office: _____
24. Name: _____	Office: _____
25. Name: _____	Office: _____