



Florida Elections Commission

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)

\$ _____ X 1% = \$ _____ X _____ = _____
Salary Election Assessment Paid Candidates

\$ _____ X 3% = \$ _____ X _____ = _____
Salary Filing Fee Paid Candidates

GRAND TOTAL \$ _____

Please attach one check, payable to the Elections Commission Trust Fund for all candidates' filing fees and election assessments.

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: _____