

**COUNTY CANDIDATE ONE PERCENT
REMITTANCE FEE FORM**

County:

Date:

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

_____ X 1% = _____ X _____ = _____
 Salary Fee Per Candidate Number of Candidates 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**