



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: _____

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: _____