BASIC STEPS TO START QUALIFYING EARLY

1. **To start the qualify process**
   - A. Pick up documents A, B & C from the City Clerk's Office (or print)
   - B. Fill out and return documents A, B & C below to the City Clerk's Office
   - C. Application and Acknowledgement of Electronic Filing

********* ***City Clerk will provide you with the*** Election Materials

The Qualifying Period STARTS at 8 a.m. on July 13, 2026

2. **To finish the qualifying process**
   - C. Pay Qualifying Fee WITH A CAMPAIGN CHECK
   - D. Pay Election Assessment WITH A CAMPAIGN CHECK

     Make checks payable to the City of Dunedin
   - E. Fill out and return documents E through K to the City Clerk's Office
   - F. Upon signature verification of 150 Petition Cards & all documents in Tab 3 of the election materials/packet, the City Clerk will notify you that you are a qualified candidate.

The Qualifying Period ENDS at Noon on July 27, 2026

TAB 3
QUALIFYING DOCUMENTS

A.	DS-DE 9 (10/23)	Appointment of Campaign Treasurer
B.	DS-DE 84 (4/26)	Statement of Candidate
C.	Acknowledgement Res.23-18	CTR Electronic Filing
D.	City Code, Sec. 26-73(b)(1)	Qualifying Fee
E.	F.S., Sec. 99.093	Election Assessment
F.	Dunedin City Charter, Sec. 5.01	Personal residency Affidavit/Oath
G.	City Code, Sec. 26-72	Candidate's Oath
H.	DS-DE 104 (09/11)	150 CERTIFIED Candidate Petition Cards
I.	DS-DE 302NP-E (4/26)	Candidate's Oath – Nonpartisan Office

*** Documents not necessary to qualify, but needed.**

J.	F.S. 101.5612(1)	Notice of Test for the Ballot Counting Equipment *
K.	F.S. 101.62(2)	Oath of Acquisition (SOE Rev. 3/13/2024 NS)

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☐ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name)	**3. Address** (include PO Box or Street, City, State, Zip Code):

4. Telephone: ( )	**5. Candidate's Voter Registration #:** _____ (not required for qualifying purposes)	**6. Email Address:**

7. Office Sought (include district, circuit, group, or seat #):	**8. If a candidate for a nonpartisan office, check the box if applicable:** ☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ _____ Party candidate.

10. I have appointed the following person to act as my: ☐ Campaign Treasurer ☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:	**12. Telephone:** ( )	**13. Email Address:**

14. Mailing Address:	**15. City:**	**16. State:**	**17. Zip Code:**

18. I have designated the following bank as my (check appropriate box): ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank:	**20. Address:**

21. City:	**22. County:**	**23. State:**	**24. Zip Code:**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:	**26. Signature of Candidate:** X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, _____ do hereby accept the appointment designated above as:
(Please Print or Type Name)

☐ Campaign Treasurer. ☐ Deputy Treasurer.

28. Date:	**29. Signature of Campaign Treasurer of Deputy Treasurer** X

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

I, _____,

candidate for the office of _____;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

I swear or affirm that I meet, or will meet at the time of election for the office sought or at the time of assuming the office, as applicable, all statutory and constitutional qualifications for the office sought.

_____

Signature of Candidate **Date**

STATE OF FLORIDA

COUNTY OF _____

_____

Signature of Officer Administering Oath

Affix Seal Below or, if judge, provide name, title, and court (s. 92.50, F.S.)

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ *OR* physical presence ☐

this _____ day of _____, 20____.

Personally Known ☐ *OR* Produced Identification ☐ Type of Identification Produced: _____

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to $1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

City of Dunedin

Application and Acknowledgement of Electronic Filing Information

1. CHECK APPROPRIATE BOX(ES)

☐ Candidate ☐ Treasurer/Deputy ☐ Committee ☐ Committee Treasurer

2. **Name of Candidate/Committee** (First, Middle, Last)		3. Address (include P.O. box or street, city, state, zip code)
4. Telephone	5. E-mail address	

All reports of campaign finance activity must be filed with the City Clerk using the electronic campaign finance reporting system available online at https://cityofdunedinfl.easyvotecampaignfinance.com (the "System") unless an alternative filing procedure is required by the Americans with Disabilities Act of 1990 or other applicable law.

Credentials to log into the System are approved on an individual basis and may not be shared–even with member of the same campaign or committee. Each user who is approved for credentials is responsible for protecting those credentials from disclosure or compromise. Once credentials have been approved for a user, that user is deemed responsible for every report filed using those credentials until such time as the City Clerk is notified of disclosure or compromise of those credentials. Campaign or committee must immediately notify the City Clerk if any user associated with that campaign or committee becomes ineligible to hold the credentials issued to that user.

Each report must be filed before midnight at the end of the due date. Late-filed reports are subject to fines pursuant to Florida Statutes sections 106.07(8) or 106.29(3), as applicable.

By filing a report through the System, a person (i) is deemed to have electronically signed the report under oath and to have certified the correctness of the report in accordance with Florida Statutes sections 106.07(5) or 106.29(2), as applicable; (ii) is responsible for the accuracy and veracity of the report; and (iii) commits a criminal act by certifying a report that is known to be incorrect, false, or incomplete.

A report is deemed filed with the City Clerk only when the System issues a receipt confirming the date and time at which the report was filed. The system will issue a separate notice for the subsequent acceptance or rejection of the report by the City Clerk. Once a report has been filed with the City Clerk, it may be changed only by filing an amendment to that report.

The City is not responsible for providing the internet access necessary to access the System, and problems with an individual candidate's internet access at a residence, office, coffee shop, etc. do not excuse late filing by that candidate. The City Clerk will provide an alternate filing deadline for candidates only in the event that the Reporting System is *generally* unavailable and all candidates are affected.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ AND UNDERSTAND THE FOREGOING FORM FOR APPLICATION AND ACKNOWLEDGEMENT OF ELECTRONIC FILING INFORMATION AND THAT THE FACTS STATED IN IT ARE TRUE.

6. Date	7. Signature of Candidate/Committee Chair
	X

8. **Treasurer's Application and Acknowledgement of Electronic Filing Information** (fill in the blanks and check the appropriate block)

I, _____ (printed name), hereby acknowledge that I am representing the Candidate/Committee above as the ☐ Campaign Treasurer ☐ Deputy Treasurer

_____ X _____

Date Signature of Treasurer or Deputy Treasurer

Qualifying Fee

(Ordinance 25-06, Established new annual salary of the City Commission)

Seat	Salary	1%
☐ MAYOR	$19,100	$191.00
☐ Commissioner	$15,600	$156.00

Please make check payable to: The City of Dunedin

Pursuant to Dunedin Code, Sec. 26-73, Method of Qualifying,

(d) Alternative Qualifying methods

(1) As an alternative method of qualifying for those individuals unable to pay the qualification fee, a petition containing the signatures of electors equal in number to one percent of the total registered electors of the city as of the most recent preceding regular city election may be filed with the city clerk, together with the required qualification papers, requesting that the individual's name be placed on the next city ballot for the office designated on the petition. The petition shall be filed with the city clerk no later than the sixtieth day preceding the next city election, pursuant to section 26-74."

(2) The petition shall be transmitted by the city clerk to the supervisor of elections for signature verification pursuant to F.S. § 99.097. The supervisor shall return the petition to the city clerk within ten days after receipt together with a certification of the number of signatures of city electors on the petition and whether that number equals or exceeds the requisite number. The cost of signature verification shall be paid pursuant to F.S. § 99.097(4), except that in the event a candidate is entitled to have the signature verified at no cost of such verification, not to exceed $0.10 per signature, to the city for payment. A candidate is entitled to have the petition signatures verified at no cost to that candidate, provided that he executes an affidavit, under oath, that the candidate cannot pay the charges for verification without imposing an undue burden upon the financial resources available to the candidate. Such affidavit shall be filed with the city clerk together with the petition.

(3) Upon receipt of the supervisor's certification, the city clerk shall notify the candidate of the results of the verification, and if the requisite number of valid signatures was attained, the city clerk shall place the candidate's name on the next city election ballot, and the candidate shall be considered as having qualified as of the date of the date the petition was filed.

Election Assessment

Seat	Salary	1%
☐ MAYOR	$19,100	$191.00
☐ Commissioner	$15,600	$156.00

Please make check payable to: **The City of Dunedin**

Pursuant to F.S. § 99.093 Municipal candidates; election assessment.

(1) Each person seeking to qualify for nomination or election to a municipal office shall pay, at the time of qualifying for office, an election assessment. The election assessment shall be an amount equal to one (1) percent of the annual salary of the office sought. Within 30 days after the close of qualifying, the qualifying officer shall forward all assessments collected pursuant to this section to the Department of State for transfer to the Elections Commission Trust Fund with the Department of Legal Affairs.

(2) Any person seeking to qualify for nomination or election to a municipal office who is unable to pay the election assessment without imposing an undue burden on personal resources or on resources otherwise available to him or her shall, upon written certification of such inability given under oath to the qualifying officer, be exempt from paying the election assessment.

PERSONAL RESIDENCY AFFIDAVIT/OATH

Pursuant to the Dunedin City Charter, Section 5.01, Electors, "All persons qualified to vote as an elector of this State, under the Constitution and Statutes of the State of Florida, who reside within the corporate boundaries of the City of Dunedin, and who are duly registered on the registration books of Pinellas County shall be qualified electors of the City of Dunedin in all elections except as otherwise provided by law."

Pursuant to the Dunedin City Code, Section 26-73(c)(3) "As a condition precedent to qualifying, the candidates shall be required to file with their petition cards personal affidavits showing that they are residents of the city, having physically resided therein for a period of at least one year immediately prior to submitting the petition cards and are qualified electors of the city.

I, _____ being duly sworn, depose and say that I am a citizen of the United States of America, and that I am a resident of the City of Dunedin, Florida, and have been a resident of the City, having physically resided therein for a period of at least one (1) year immediately prior to submitting the petition cards and am a qualified elector of the city.

I hereby acknowledge having been advised of the provisions of Florida Statutes, Subsection 104.011, which provides:

Whoever is found guilty of willful and corrupt swearing or affirming or willfully and fraudulently subscribes to any oath or affirmation, or willfully corruptly procures another person or swear or affirm falsely, or subscribes an oath or affirmation in connection with or arising out of voting, registration or elections shall be found guilty of a felony of the third degree, punishable as provided in Florida Statutes, Subsection 775.083, or Subsection 775.084.

Signature: _____

Printed Name. _____

Mailing Address: _____

Residence Address: _____

City, State, Zip Code: _____

Telephone: _____

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online authorization, by _____, who ☐ is personally known to me or ☐ has produced _____ as identification, and, being first duly sworn, acknowledges that he/she has read the foregoing and that the same is true and correct, this _____ day of _____, 2026.

SEAL

_____
(Signature)

Typed or Printed Name _____

Commission No. _____

Commission Expires _____

Dunedin City Code, Section 26-73(c)(3)

CANDIDATE'S OATH

State of Florida
County of Pinellas

Before me, an officer authorized to administer oaths, personally appeared

_____ , to me well known, who, being sworn,

(please print your name as you wish it to appear on the ballot)

says that as a candidate of the office of _____ ;

that he/she is a qualified elector of Pinellas County, Florida; that he/she is qualified under the Constitution and the laws of Florida to hold the office to which he/she desires to be nominated or elected; that he/she has taken the oath required by F.S. § 876.05-876.10; that he/she has qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; and that he/she has resigned from any office which he/she is required to resign pursuant to F.S. § 99.012.

_____

(Signature of Candidate)

_____

(Address)

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online authorization, by _____, who is ☐ personally known to me or ☐ has produced _____ as identification, and, being first duly sworn, acknowledges that he/she has read the foregoing and that the same is true and correct, this _____ day of _____ , 2026.

SEAL

_____

(Signature)

Typed or Printed Name _____

Commission No. _____

Commission Expires _____

Dunedin City Code, Section 26-72(b)

CANDIDATE PETITION

Notes: *- All information on this form becomes a public record upon receipt by the Supervisor of Elections.*
- It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, Florida Statutes]
- If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, _____ the undersigned, a registered voter

(print name as it appears on your voter information card)

in said state and county, petition to have the name of _____

placed on the Primary/General Election Ballot as a: [*check/complete box, as applicable*]

☐ Nonpartisan ☐ No party affiliation ☐ _____ Party candidate for the office of

_____

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YY) or Voter Registration Number	**Address**

City	**County**	**State**	**Zip Code**

Signature of Voter	**Date Signed (MM/DD/YY)** [*to be completed by Voter*]

CANDIDATE OATH
NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)
Check box ***only*** if you are seeking to qualify as a write-in candidate:

☐ Write-in Candidate

OFFICE USE ONLY

Name to appear on ballot: _____

☐ Check box if there are two last names without hyphen. (Name cannot be changed after qualifying.)

☐ Check box if name includes nickname. (To use nickname, you must complete the Affidavit of Nickname on page 2 of this form.)

I swear or affirm that I am a candidate for the nonpartisan office of _____, *(Office)*

_____ *(District #)*, _____ *(Circuit #)*, _____ *(Group or Seat #)*; I am a qualified elector of _____ **County**, Florida;

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I swear or affirm, in addition to being a citizen of the United States, that: *(Check applicable box.)*

☐ **I am not** a citizen of another country. ☐ **I am** a citizen of another country, specifically _____.

Statement of Outstanding Fines, Fees, or Penalties: *(Check applicable box. If you do owe more than $250, you must also specify the amount owed and each entity that levied the same on page 2 of this form.)*

I do not ☐ / **I do** ☐ owe outstanding fines, fees, or penalties that cumulatively exceed $250, for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106. (s. 99.021(1)(d), F.S.)

( )

Signature of Candidate | Telephone Number | Email Address

Address of Legal Residence | City | State | ZIP Code

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ *OR* physical presence ☐

this _____ day of _____, 20____.

Type of Identification Produced: _____

Signature of Officer Administering Oath
Affix Seal Below or, if judge, provide name, title, and court (s. 92.50, F.S.)

Phonetic Spelling of Name
(Not required for qualifying)

Print the name phonetically on the line below as you wish your name to be pronounced on the audio ballot that may be used by persons with disabilities (see attached Guide for Phonetic Spelling).

_____

Detailed Statement of Outstanding Fines, Fees, or Penalties
(Continued)

Amount	***Entity***

Affidavit of Nickname
(Only required if using nickname for the ballot)

My legal name is _____. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ *OR* physical presence ☐

this _____ day of _____, 20____.

Type of Identification Produced: _____

_____

Signature of Officer Administering Oath

Affix Seal Below or, if judge, provide name, title, and court (s. 92.50, F.S.)

Guide for Printing Phonetic Spelling of Candidate's Name for Audio Ballot

(Do not submit this page to the filing officer)

1. Use the tables below for Phonetic Spelling of Candidate's Name on page 2 of Form.
2. Use upper case for "stressed" syllables. Use lowercase for "unstressed" syllables.
3. Use dashes (-) to separate syllables.
4. Add any notes such as rhyming examples, silent letters, etc.

Vowels			
Stressed Vowel Sounds		**Unstressed Vowel Sounds**	
EE	(FEET) f*ee*t	uh	(SO-fuh) sofa (FING-guhr) finger
I	(FIT) f*i*t		
E	(BED) b*e*d		
A	(KAT) c*a*t (KAD) c*a*d		
AH	(FAH-thur) f*a*ther (PAHR) p*a*r		
AH	(HAHT) h*o*t (TAH-dee) t*o*ddy		
UH	(FUHJ) f*u*dge (FLUHD) fl*oo*d		
UH	(CHUHRCH) ch*u*rch		
AW	(FAWN) f*aw*n	**Certain Vowel Sounds with R**	
U	(FUL) f*u*ll	AHR	(PAHR) p*ar*
OO	(FOOD) f*oo*d	ER	(PER) p*air*
OU	(FOUND) f*ou*nd	IR	(PIR) p*eer*
O	(FO) f*oe*	OR	(POR) p*our*
EI	(FEIT) f*i*ght	OOR	(POOR) p*oor*
AI	(FAIT) f*a*te	UHR	(PUHR) p*urr*
OI	(FOIL) f*oi*l		
YOO	(FYOOR-ee-uhs) f*ur*ious		

Consonants			
B	(BED) *b*ed	R	(RED) *r*ed
D	(DET) *d*ebt	S	(SET) *s*et
F	(FED) *f*ed	T	(TEN) *t*en
G	(GET) *g*et	V	(VET) *v*et
H	(HED) *h*ead	Y	(YET) *y*et
HW	(WHICH) *wh*ich	W	(WICH) *w*itch
J	(JUHG) *j*ug	CH	(CHUHRCH) *ch*urch
K	(KAD) *c*ad	SH	(SHEEP) *sh*eep
L	(LAIM) *l*ame	TS	(ITS) i*ts*
M	(MAT) *m*at	TH	(THEI) *th*igh
N	(NET) *n*et	TH	(THEI) *th*y
NG	(SING-uhr) si*ng*er	ZH	(A-zhuhr) a*z*ure (VI-zhuhn) vi*s*ion
P	(PET) *p*et	Z	(GOODZ) goods

Examples of Phonetically Spelled Names	
Name on Ballot	**Pronounced As**
Mishaud	mee-SHO ('d' is silent)
Jahn	HAHN (rhyme: fawn)
Beauprez	boo-PRAI (rhyme: hooray)
Maniscalco	man-uh-SKAL-ko
Tangipahoa	TAN-ji-pah-HO-uh
Monte	Mahn-TAI
Tanya	TAWN-yuh (not TAN)
Pittsfield	PITS-feeld
Hubbardston	HUH-buhz-tuhn

City of Dunedin

737 Louden Avenue
Dunedin, Florida 34698
727-298-3039
www.dunedin.gov

CERTIFICATION OF RECEIPT

NOTICE OF CANVASSING BOARD MEETING SCHEDULE

In accordance with the provisions of Chapter 101.5612, Florida Statutes, notice is hereby given that accuracy test certifications of the ballot counting equipment to be used in the General Election to be held on **Tuesday, November 03, 2026**, will be conducted as follows:

TESTING THE BALLOT COUNTING EQUIPMENT (464-4958):

The Supervisor will test the ballot counting equipment and file the election parameters with the Division of Elections. All tests will be performed at the Election Service Center located at 13001 Starkey Road in Largo, Florida; and the Pinellas County Canvassing Board shall be responsible for canvassing the election. The List of Tests and the Canvassing Board Schedules is attached to this page.

The
Canvassing Board Meeting Schedule
will be attached to this page.

NOTE!!!! **The Supervisor of Elections will publish the Testing of Ballot Counting Equipment and the Canvassing Board Schedule pursuant to F.S. 101.5612** - At least 48 hours prior to test

IN WITNESS WHEREOF, I hereunto set my hand and official seal this ___ day of _____ 2026.

Michelle Wells
City Clerk

In accordance with 101.5612, Florida Statutes, I hereby certify that I have received notice of the scheduled dates for the testing of the ballot counting equipment to be used in the General Election, as described above.

Candidate

Date

J.

WILL PROVIDE

when the Pinellas County Supervisor of Elections has the schedule.

OATH OF ACQUISITION
FOR LIST OF VOTERS REQUESTING VOTE-BY-MAIL BALLOTS

Florida Statute 101.62(2) provides that for political purposes only the following can request a list of registered voters who have requested absentee ballots:

- ☐ A canvassing board
- ☐ An election official
- ☐ A political party or political party official
- ☐ A candidate who has filed qualification papers and is opposed in an upcoming election
- ☐ A registered political committee

Please check the appropriate box above and complete the following statement(s) as applicable:
I hereby swear or affirm that I am authorized to receive this information

_____ _____
(**Print Name**) **(Signature)**

_____ _____ _____
(**Title**) **(Email)** **(Phone)**

I authorize the following person(s) to place and accept orders on my behalf.

Designated Representative(s):

_____ _____
(Print Name) (Email, Phone)

_____ _____
(Print Name) (Email, Phone)

Signature MUST be notarized or witnessed by a Deputy Supervisor of Elections:

(A) Sworn to and subscribed before me, a Notary Public of the State of Florida, this _____ day of _____, 20_____.

Signature of Notary Public: _____

Print, Type, or Stamp Commissioned Name of Notary Public: _____

____Personally known OR ____Produced Identification

Type of Identification Produced: _____

OR

(B) Sworn to and subscribed before me, the Supervisor or Deputy Supervisor of Elections of Pinellas County, this _____ day of _____, 20_____.

Signature of Supervisor or Deputy: _____

To the best of my knowledge, the information supplied on lists, correctly reflects information supplied to the Office of the Supervisor of Elections by the registered voters of Pinellas County, Florida.

Julie Marcus, Pinellas County Supervisor of Elections
13001 Starkey Road, Largo, Florida 33773