

AFFIDAVIT OF INTENT WALTON COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida
County of Walton County

I, _____, a candidate for the special district office of:
(Print Name)

_____ in the General Election understand
(Office and Seat Number)

that my only campaign expense, from personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes 99.061 or 106.07 and, therefore I am prohibited from collecting , soliciting, or accepting any money or contribution(s) in-kind, in connection with my campaign. I am also prohibited from making any expenditures on behalf of my candidacy.

In the event I later decide to collect, solicit, or accept any money or contribution(s) in-kind, or make any expenditure on behalf of my candidacy, I understand that I will be required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository) with the Walton County Supervisor of Elections prior to such action. Upon filing form DS-DE 9 my campaign will then be subject to all provisions of Chapter 106 Florida Statutes including the requirement to file periodic campaign treasurer's reports.

X _____
Signature of Candidate

Date

Address

Phone

City Zip Code

email address