

**Office:** **NORTH BAY FIRE DISTRICT COMMISSIONER**  
*Term of office is four years for seats 2 & 4*

**WHERE TO QUALIFY:** SUPERVISOR OF ELECTIONS' OFFICES  
Okaloosa County Administration Building  
1250 Eglin Parkway, Suite 103  
Shalimar Fl, 32579  
Buddy Brackin Building  
302 N Wilson St, Suite 102  
Crestview, FL 32536

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**Qualifying Fee:** **\$25** payable to the Supervisor of Elections with a check or cash  
*Or* Qualifying for office may be done by obtaining 25 petition signatures  
of voters in the geographical area represented by the office sought.

**Qualifying Forms and Requirements**

DS-DE 9	Appointment of Campaign Treasurer
CE Form 1	Statement of Financial Interests
DS-DS 302NP	Candidate Oath
DS-DE 84	Statement of Candidate

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**DATES**

**General Election Day**                      **November 3, 2026**

**Qualifying Dates**                      **Noon, Monday, June 8 – Noon, June 12, 2026**

**Qualifying paperwork may be submitted to our office up to 14 days prior to qualifying work.**



## Qualifying Documents Instructions

**DS-DE 9 APPOINTMENT OF CAMPAIGN TREASURER** – *If you have already filed this document during pre-filing you do not need to file another one.* This form must be filed with our office before you open a campaign account. Blocks 18 – 24 are for the bank you intend to use when you open your account.

**DS-DE 84 STATEMENT OF CANDIDATE** – This document must be notarized. *If you have already filed this document during pre-filing you do not need to file another one.* If you have not read Chapter 106 of the Florida Statutes you are allowed to take up to 10 days after filing the DS-DE 9 Appointment of Campaign Treasurer to read Chapter 106 of the Florida Statutes and then file this document.

**STATEMENT OF CANDIDATE REQUIREMENT** – *If you have already filed a DS-DE 84 Statement of Candidate during pre-filing you do not need to file this document. If you have already read Chapter 106 of the Florida Statutes and you are filing a DS-DE 84 Statement of Candidate with your qualifying paperwork you do not need to file this document.* If you are going to take up to 10 days to read Chapter 106 of the Florida Statutes after filing your DS-DE 9 but before filing your DS-DE 84 you will need to file this document. This document records the date your 10 days start and the date the signed DS-DE 84 Statement of Candidate is due.

**DS-DE 302NP CANDIDATE OATH – NON-PARTISAN OFFICE** – This document must be notarized. Print your name on this form how you would like it to appear on the ballot.

**CE FORM 1 STATEMENT OF FINANCIAL INTERESTS** – Instructions are provided in the packet for completing and filing this document. This document must be filed online at <https://disclosure.floridaethics.gov/Account/Login?ReturnUrl=%2f>. Candidates must turn in a copy of the filed Form 1 with their qualifying documents. If you have questions about filling out this form please direct them to the Florida Commission on Ethics at (850) 488-7864.

**EQUIPMENT TEST NOTICE RECEIPT** – Our office extends an invitation to every candidate to attend the logic and accuracy testing of the equipment that will be in service for the your election. We have you sign the Equipment Test Notice Receipt acknowledging you have received the invitation.

**PETITIONS OR QUALIFYING FEE** – If you have successfully completed the petition process we have your certificate of completion in our office. If you did not complete the petition process you are required to pay the qualifying fee. The information sheet on the front of your qualifying packet indicates the amount of the filing fee for the office you are running for.

**Notarized Documents-** Our office can notarize qualifying documents for you free of charge. If you want us to notarize qualifying documents for you please wait until you are in front of the notary public in our office before signing the document. *If needing our notary service before the week of qualifying please make an appointment by calling 850-689-5699.*

The other documents in the qualifying packet are informational. Please take the time to look them over.





Paul Lux, Okaloosa County Supervisor of Elections

Dear Candidate:

Congratulations on entering the political arena as a candidate. Public service is often not given the value it really deserves, yet it is the lifeblood of our representative government. You are to be commended for wanting to serve.

Our office is here to provide you with all the information, paperwork, and technical assistance that you may need, however, we cannot get involved in campaign management and the political side of campaigns.

Electronic filing of campaign reports is now required. We provide free computer access and training, and we believe you will find electronic filing much to your advantage, as the program actually prevents many common errors. Again, we will provide as much technical assistance as needed.

Best wishes for a successful campaign!

Sincerely,

A handwritten signature in blue ink, appearing to read "Paul Lux".

Paul Lux, CERA  
Okaloosa County Supervisor of Elections

**Your Vote Counts!**  
[www.VoteOkaloosa.gov](http://www.VoteOkaloosa.gov)

302 Wilson St N, Ste 102 Crestview, FL 32536-3400 PH: 850.689.5600 FX: 850.689.5644  
1250 Eglin Pkwy, Ste 103 Shalimar, FL 32579-1294 PH: 850.651.7272



**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 or 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).



NOTICE TO: CANDIDATES  
FROM: PAUL LUX  
SUPERVISOR OF ELECTIONS  
SUBJECT: STATEMENT OF CANDIDATE REQUIREMENT

I have filed an appointment of campaign treasurer form and understand that, within ten days, I am required to read Chapter 106 of the Florida Statutes and file a Statement of Candidate with the Supervisor of Elections office.

I have received the Statement of Candidate form and have been provided access to Chapter 106.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Supervisor of Elections / Deputy

Due Date:



Okaloosa County Supervisor of Elections



# 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)

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

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 Legal Name Change:** I have not legally changed my name through a petition pursuant to s. 68.07, F.S., during the 365-day period preceding the beginning of qualifying. (This does not apply to any change of name in proceedings for dissolution of marriage or adoption of children or based on a change of name conducted with a marriage certificate.)

**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 \_\_\_\_\_

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\_\_\_\_\_.

Type of Identification Produced: \_\_\_\_\_

**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)

<i>Amount</i>	<i>Entity</i>

**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** \_\_\_\_\_

\_\_\_\_\_  
**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\_\_\_\_\_.

Type of Identification Produced: \_\_\_\_\_

## 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) feet	uh	(SO-fuh) sofa (FING-guhr) finger
I	(FIT) fit		
E	(BED) bed		
A	(KAT) cat (KAD) cad		
AH	(FAH-thur) father (PAHR) par		
AH	(HAHT) hot (TAH-dee) toddy		
UH	(FUHJ) fudge (FLUHD) flood		
UH	(CHUHRCH) church		
AW	(FAWN) fawn	<b>Certain Vowel Sounds with R</b>	
U	(FUL) full	AHR	(PAHR) par
OO	(FOOD) food	ER	(PER) pair
OU	(FOUND) found	IR	(PIR) peer
O	(FO) foe	OR	(POR) pour
EI	(FEIT) fight	OOR	(POOR) poor
AI	(FAIT) fate	UHR	(PUHR) purr
OI	(FOIL) foil		
YOO	(FYOOR-ee-uhs) furious		

Consonants			
B	(BED) bed	R	(RED) red
D	(DET) debt	S	(SET) set
F	(FED) fed	T	(TEN) ten
G	(GET) get	V	(VET) vet
H	(HED) head	Y	(YET) yet
HW	(WHICH) which	W	(WICH) witch
J	(JUHG) jug	CH	(CHUHRCH) church
K	(KAD) cad	SH	(SHEEP) sheep
L	(LAIM) lame	TS	(ITS) its
M	(MAT) mat	TH	(THEI) thigh
N	(NET) net	TH	(THEI) thy
NG	(SING-uhr) singer	ZH	(A-zuhr) azure (VI-zuhn) vision
P	(PET) pet	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



# 2025 Form 1 Instructions

## Statement of Financial Interests

### Notice

The annual Statement of Financial Interests is due July 1. If the annual form is not submitted via the electronic filing system created and maintained by the Commission by September 1, an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. Failure to file also can result in removal from public office or employment. [s. 112.3145, F.S.]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$20,000. [s. 112.317, F.S.]

### Instructions for Completing and Filing Form 1 Statement of Financial Interests

**WHEN TO FILE:** *Initially*, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter**, file by July 1 following each calendar year in which they hold their positions.

**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2025.

#### **WHO MUST FILE FORM 1:**

1. Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.
2. Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding those required to file full disclosure on Form 6 as well as members of solely advisory bodies, but including judicial nominating commission members; Directors of Enterprise Florida, Scripps Florida Funding Corporation, and Career Source Florida; and members of the Council on the Social Status of Black Men and Boys; the Executive Director, Governors, and senior managers of Citizens Property Insurance Corporation; Governors and senior managers of Florida Workers' Compensation Joint Underwriting Association; board members of the Northeast Fla. Regional Transportation Commission; board members of Triumph Gulf Coast, Inc; board members of Florida Is For Veterans, Inc.; and members of the Technology Advisory Council within the Agency for State Technology.
3. The Commissioner of Education, members of the State Board of Education, the Board of Governors, the local Boards of Trustees and Presidents of state universities, and the Florida Prepaid College Board.
4. Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file Form 6.
5. Appointed members of the following boards, councils, commissions, authorities, or other bodies of county, municipality, school district, independent special district, or other political subdivision: the governing body of the subdivision; community college or junior college district boards of trustees; boards having the power to enforce local code provisions; boards of adjustment; community redevelopment agencies; planning or zoning boards having the power to recommend, create, or modify land planning or zoning within a political subdivision, except for citizen advisory committees, technical coordinating committees, and similar groups who only have the power to make recommendations to planning or zoning boards, and except for representatives of a military installation acting on behalf of all military installations within that jurisdiction; pension or retirement boards empowered to invest pension or retirement funds or determine entitlement to or amount of pensions or other retirement benefits, and the Pinellas County Construction Licensing Board.
6. Any appointed member of a local government board who is required to file a statement of financial interests by the appointing authority or the enabling legislation, ordinance, or resolution creating the board.

7. Persons holding any of these positions in local government: county or city manager; chief administrative employee or finance director of a county, municipality, or other political subdivision; county or municipal attorney; chief county or municipal building inspector; county or municipal water resources coordinator; county or municipal pollution control director; county or municipal environmental control director; county or municipal administrator with power to grant or deny a land development permit; chief of police; fire chief; municipal clerk; appointed district school superintendent; community college president; district medical examiner; purchasing agent (regardless of title) having the authority to make any purchase exceeding \$35,000 for the local governmental unit.
8. Officers and employees of entities serving as chief administrative officer of a political subdivision.
9. Members of governing boards of charter schools operated by a city or other public entity.
10. Employees in the office of the Governor or of a Cabinet member who are exempt from the Career Service System, excluding secretarial, clerical, and similar positions.
11. The following positions in each state department, commission, board, or council: Secretary, Assistant or Deputy Secretary, Executive Director, Assistant or Deputy Executive Director, and anyone having the power normally conferred upon such persons, regardless of title.
12. The following positions in each state department or division: Director, Assistant or Deputy Director, Bureau Chief, and any person having the power normally conferred upon such persons, regardless of title.
13. Assistant State Attorneys, Assistant Public Defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel, Public Counsel, full-time state employees serving as counsel or assistant counsel to a state agency, administrative law judges, and hearing officers.
14. The Superintendent or Director of a state mental health institute established for training and research in the mental health field, or any major state institution or facility established for corrections, training, treatment, or rehabilitation.
15. State agency Business Managers, Finance and Accounting Directors, Personnel Officers, Grant Coordinators, and purchasing agents (regardless of title) with power to make a purchase exceeding \$35,000.
16. The following positions in legislative branch agencies: each employee (other than those employed in maintenance, clerical, secretarial, or similar positions

and legislative assistants exempted by the presiding officer of their house); and each employee of the Commission on Ethics.

17. Each member of the governing body of a "large-hub commercial service airport," as defined in Section 112.3144(1)(c), Florida Statutes, except for members required to comply with the financial disclosure requirements of s. 8, Article II of the State Constitution.

**ATTACHMENTS:** A filer may include and submit attachments or other supporting documentation when filing disclosure.

**PUBLIC RECORD:** The disclosure form is a public record and is required by law to be posted to the Commission's website. Your Social Security number, bank account, debit, charge, and credit card numbers, mortgage or brokerage account numbers, personal identification numbers, or taxpayer identification numbers are not required and should not be included. If such information is included in the filing, it may be made available for public inspection and copying unless redaction is required by the filer, without any liability to the Commission. If you are an active or former officer or employee listed in Section 119.071, F.S., whose home address or other information is exempt from disclosure, the Commission will maintain that confidentiality *if you submit a written and notarized request.*

**QUESTIONS** about this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303; telephone (850) 488-7864.

## Instructions for Completing Form 1

### Primary Sources of Income

[112.3145(3)(b)1, F.S]

This section is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose any public salary or public position(s). The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such

as interest or dividends from a bank account or stocks), you should disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded \$2,500 of gross income received by you in your own name or by any other person for your use or benefit.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony if considered gross income under federal law, but not child support.

If disclosure of a primary source of income will place you in violation of confidentiality or privilege pursuant to law or rules governing attorneys, you may write "Legal Client" in each of the disclosure fields without providing any further information.

#### Examples:

- If you were employed by a company that manufactures computers and received more than \$2,500, list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$2,500, list the name of the firm, its address, and its principal business activity (practice of law).
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded \$2,500, list the name of the business, its address, and its principal business activity (retail gift sales).
- If you received income from investments in stocks and bonds, list each individual company from which you derived more than \$2,500. Do not aggregate all of your investment income.
- If more than \$2,500 of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.
- If more than \$2,500 of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts,

etc., at that institution), list the name of the institution, its address, and its principal business activity.

## Secondary Sources of Income

[Required by s. 112.3145(3)(b)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in "Primary Sources of Income," if it meets the reporting threshold. You will not have anything to report unless, during the disclosure period:

1. You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and,**
2. You received more than \$5,000 of your gross income during the disclosure period from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

If disclosure of a secondary source of income will place you in violation of confidentiality or privilege pursuant to law or rules governing attorneys, you should disclose the name of the business entity for which your ownership and gross income exceeded the two thresholds above, and then write "Legal Client" in the remaining disclosure fields without providing any further information.

Examples:

- You are the sole proprietor of a dry cleaning business, from which you received more than \$5,000. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name

of the uniform rental company, its address, and its principal business activity (uniform rentals).

- You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the above thresholds. List each tenant of the mall that provided more than 10% of the partnership's gross income and the tenant's address and principal business activity.

## Real Property

[Required by s. 112.3145(3)(b)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes if you derive income from them.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by its market value for ad valorem tax purposes, in the absence of a more accurate fair market value.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

## Intangible Personal Property

[Required by s. 112.3145(3)(b)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than \$10,000 and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you (including, but not limited to, loans made as a candidate to your own campaign), Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts in which you have an ownership interest. Intangible personal property also includes

investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product contained in a brokerage account, IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CDs and savings accounts with the same bank. Property owned as tenants by the entirety or as joint tenants with right of survivorship, including bank accounts owned in such a manner, should be valued at 100%. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number found on the lease document).

## Liabilities

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed more than \$10,000 at any time during the disclosure period. The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. You are not required to list the amount of any debt. You do not have to disclose credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, then it is not a contingent liability.

## Interests in Specified Businesses

[Required by s. 112.3145(7), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure period an interest in, or held any of certain positions with the types of businesses listed above. You must make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

## Training Certification

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer, appointed school superintendent, a commissioner of a community redevelopment agency created under Part III, Chapter 163, or an elected local officer of an independent special district, including any person appointed to fill a vacancy on an elected independent special district board, whose service began on or before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

CE FORM 1 - Effective: January 1, 2026

Incorporated by reference in Rules 34-8.001 and 34-8.202, F.A.C



2025 Form 1 - Statement of Financial Interests

**General Information**

Name: DISCLOSURE FILER

Address: SAMPLE ADDRESS

County: SAMPLE COUNTY

PID SAMPLE

**AGENCY INFORMATION**

Organization	Suborganization	Title
SAMPLE	SAMPLE	SAMPLE

**Disclosure Period**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

**Primary Sources of Income**

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)  
(If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity

**Secondary Sources of Income**

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source

**Real Property**

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description

**Intangible Personal Property**

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates

2025 Form 1 - Statement of Financial Interests

**Liabilities**

LIABILITIES (Major debts valued over \$10,000):  
(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor

**Interests in Specified Businesses**

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)  
(If you have nothing to report, write "none" or "n/a")

Business Entity # 1

**Training**

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

E-FILED SAMPLE

**Signature of Filer**

Digitally signed:

**Filed with COE:**

**E-FILING SAMPLE**

# Candidate Forms and Publications Information

## FORMS

The forms of interest to candidates that can be found on the Candidate DSDE Forms page on our Okaloosa County Supervisor of Elections website:

<http://www.voteokaloosa.gov> include but are not limited to the following:

- ***Appointment of Campaign Treasurer (DS-DE 9)***
- ***Loyalty Oath (DS-DE 24)***
- ***Statement of Candidate (DS-DE 84)***
- ***Campaign Treasurer's Report (DS-DE 12)***
- ***Waiver of Report (DS-DE 87)***
- ***Candidate Petition Form (DS-DE 104)***
- ***How to File Financial Reports Online***
- ***Download Election Files***

If you don't see the form you are looking for in the above list, please visit the Okaloosa County Supervisor of Elections website and take a look. You will find a number of other forms there.

If you are looking for Financial Disclosure Forms, they can be found on the Florida Commission on Ethics website: <http://www.ethics.state.fl.us/forms.html>. The Florida Commission on Ethics website can also be reached through our Okaloosa County Supervisor of Elections website:

<http://www.voteokaloosa.gov>. Click on HELPFUL LINKS --> Florida Commission on Ethics.

Once on the Florida Commission on Ethics website, click on Forms to find:

- ***Form 1 (Statement of Financial Interests)***
- ***Form 1F (Final Statement of Financial Interests)***
- ***Form 6 (Full and Public Disclosure of Financial Interests)***

**\*\*\* Reminder: Forms are year-specific so make sure you get the right one! \*\*\***

## PUBLICATIONS

Publications contain a lot of useful information for candidates and committees. These publications can be found on the Florida Division of Elections website:

<http://election.dos.state.fl.us/publications/publications.shtml>. As stated above, the Florida Division of Elections website can also be reached through our Okaloosa County Supervisor of Elections website: <http://www.voteokaloosa.gov>. Click on HELPFUL LINKS → Florida Division of Elections.

Once you are on the Florida Division of Elections website, click on Forms & Publications →

Publications or click on Opinions/Rules/Laws/Directives → Florida Laws and Procedures to find a number of useful publications including:

- ***Candidate and Campaign Treasurer Handbook***
- ***Candidate Petition Handbook***
- ***Election Dates to Remember***
- ***Election Laws (INCLUDES CHAPTER 106 – CAMPAIGN FINANCING)***



**OKALOOSA COUNTY SUPERVISOR OF ELECTIONS DATA PRICE LIST 4/13/17**

Voter Registration Records are public records except for Driver's License and Social Security Number

**Lists Of Active Registered Voters Include:**

Mailing Address	Date of Registration	Race*	Sex*
Residence Address	Party	Voting History (available on Request)	
Date of Birth	Precinct and Districts		

***\*This information is accurate only through December 1994. Sex and race are optional effective January 1995.***

**Lists And Labels May Include All Of The Following Or May Be Sorted To:**

- Voters of specific parties
- Voters with out-of-county mailing addresses
- Voters with in-county mailing addresses
- Voters who have requested Vote by Mail ballots
  - Vote by Mail addresses available to only Candidates & Parties
- Voters in all or specific precincts
- Voters in specific districts (FL House, FL Senate, County, City, School, Fire or Special)
- New registrations in a specific date range
- Electors who voted in a specific election
- Precinct walk lists (Residence Address by Precinct)

**Services & Materials Rates**

Voter lists .....	27 – 52 names per page, \$.15 per page
Voter labels.....	\$.05 per label (we supply labels)
CD.....	\$5.00 for full list or list over 10 M
Emailed files (under 10 M).....	No Charge
Verification of Signatures .....	\$.10 per name

**Also Available:**

Past election data, Voter statistics, Candidate Information	
Copies.....	\$.15 one-sided, \$.20 two-sided copies
FAX .....	\$1.00 per page
Chapters 99, 105 & 106 Florida Statutes Booklet.....	No charge**
Florida Election Code.....	No charge**
Candidate Handbook .....	No charge**
GIS Large Map.....	\$10.00***

***\*\*Available online to download or print through Florida Division of Elections website.***  
**<http://dos.myflorida.com/elections/forms-publications/publications/>**

***\*\*\*Countywide District Maps available online <http://gis.okaloosaf1.com/gis/index.php/maps/election>***

All materials and services **must be paid for when received or in advance if mailing.**

All materials and services furnished to a candidate **should be paid for by campaign account check.**

**Make checks payable to: Supervisor of Elections, Okaloosa County.**

## **RULES AND REGULATIONS FOR CHECKING RECORDS**

Because space is limited in our office for candidates desiring to check the voting records, you are requested to abide by the following rules in the interest of fairness to all:

1. Records may only be checked under the supervision of a staff member. For this reason, we ask that you make an appointment in advance or be kind enough to wait until personnel/space become available.
2. The area available for checking records will be on a first-come, first-served basis for walk-ins. Candidates themselves will be given first priority and volunteers second. For example, if a candidate is using all the spaces available with volunteers, and another candidate needs space to work, one of the volunteers will have to relinquish his space. Should a person using a space leave, he loses his space if others are waiting.
3. Because of the real possibility of records being misfiled, misplaced, or misalphabetized, we ask that you do not remove records from the trays or folders.
4. When two or more volunteers/candidates are working together, calling names out loud or other talking may interfere with the office work and employees' concentration.
5. All candidates/volunteers must follow the office rules concerning appropriate dress, no smoking or eating, etc. Other walk-in customers are not aware as to who are workers and who are guests.

We are here to serve you to the utmost of our ability and will do our best to be cooperative and helpful as possible. Please do not hesitate to ask any questions concerning these procedures or seek additional assistance.

## 2026 Calendar of Reporting Dates

<u>Report Name</u>	<u>Reporting Period</u>	<u>Due Date</u>
2026 Q1	01/01/2026-03/31/2026	04/10/2026
2026 Q2	04/01/26-05/31/26	06/10/26
2026 P1	6/1/26-6/12/26	6/19/26
2026 P2	06/13/26-06/26/26	07/3/26
2026 P3	06/27/26-07/10/26	07/17/26
2026 P4	07/11/26-07/17/26	07/24/26
2026 P5	07/18/26-07/24/26	07/31/26
2026 P6	07/25/26-07/31/26	08/07/26
2026 P7	08/01/26-08/13/26	08/14/26
2026 G1	08/14/26-08/21/26	08/28/26
2026 G2	08/22/26-09/04/26	09/11/26
2026 G3	09/05/26-09/18/26	09/25/26
2026 G4	09/19/26-10/2/26	10/9/26
2026 G5	10/03/26-10/16/26	10/23/26
2026 G6	10/17/26-10/29/26	10/30/26



## Important Notice

TO: Candidates

FROM: Paul Lux  
Supervisor of Elections

RE: Electronic Tabulation Equipment Testing – 2026 General Election

The electronic tabulation equipment which will be in service for the November 3, 2026 General Election will be tested on:

Tuesday, October 8, 2026 8:30 a.m.  
(Early Voting & Precinct Equipment)

The L&A test will be held at the **Supervisor of Elections Warehouse, 5479 Old Bethel Road, Crestview, FL 32539**, and will be legally advertised no later than 48 hours prior to the testing date and time.



## Important Notice

TO: Candidates  
FROM: Paul Lux  
Supervisor of Elections  
RE: Electronic Tabulation Equipment Testing – 2026 General Election

The electronic tabulation equipment which will be in service for the November 3, 2026 General Election will be tested on:

October 8, 2026      8:30 a.m.      Supervisor of Elections Warehouse  
(Early Voting & Precinct Equipment)      5479 Old Bethel Rd.  
Crestview, FL 32539

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I acknowledge that I have received a copy of the above listed notice concerning the electronic tabulation equipment testing.

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Signature of the Candidate

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Date

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Office Sought

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Qualifying Officer





## CANDIDATE QUALIFYING PETITION FOR \_\_\_\_\_

Pursuant to the \_\_\_\_\_ charter and election ordinance and the Election Code of the State of Florida (Chap 97-106 F.S.), we nominate \_\_\_\_\_ as a candidate for the office of \_\_\_\_\_.

This election is to be held \_\_\_\_\_. We, the undersigned, are qualified electors of the City/Town of \_\_\_\_\_, County of Okaloosa and State of Florida.

NUMBER	DATE	NAME (Please print legibly)	OKALOOSA COUNTY RESIDENCE ADDRESS
1.		Print:	
		Signature:	
2.		Print:	
		Signature:	
3.		Print:	
		Signature:	
4.		Print:	
		Signature:	
5.		Print:	
		Signature:	
6.		Print:	
		Signature	
7.		Print:	
		Signature:	
8.		Print:	
		Signature:	

I do solemnly swear that I witnessed each person sign the above petition on the date indicated.

\_\_\_\_\_ Signature of Circulator



**PLEASE BRING THE FOLLOWING PAPERS TO  
THE SUPERVISOR OF ELECTIONS OFFICE DURING QUALIFYING  
NOON Monday June 8, 2026- NOON Friday, June 12, 2026**

- Appointment of Campaign Treasurer
- Statement of Candidate (Notarized)
- Candidate Oath (Notarized)
- Form 1 – Statement of Financial Interests
- Equipment Test Notice Receipt
- Qualifying Fee

