



14450 NE 148th Ave., PO Drawer B, Waldo, FL 32694
352-468-1001 FAX 352-468-1721 EMAIL – citymanager@waldo-fl.com

NOTICE

**QUALIFYING OFFICIALLY OPENS IN THE CITY OF WALDO ON
OCTOBER 5, 2026**

SEATS OPEN:

**MAYOR: TWO-YEAR TERM - currently held by Louie Davis
COUNCIL Seat II (2): TWO-YEAR TERM - currently held by Glen Johnson
COUNCIL Seat V (5): TWO-YEAR TERM - currently held by Monique Taylor**

**THERE IS A \$25.00 QUALIFYING FEE OR IN PLACE OF THE FEE THE
CANDIDATE MAY SUBMIT A PETITION SIGNED BY TWENTY- FIVE
REGISTERED ELECTORS OF THE CITY OF WALDO. THE PETITION MAY BE
OBTAINED AT CITY HALL MONDAY THROUGH THURSDAY, 7:00A.M. -5:30 P.M.
(closed Friday's) THIS PETITION MUST BE PRESENTED TO THE CLERK AFTER
BEING VERIFIED IN WRITING BY THE ALACHUA COUNTY SUPERVISOR OF
ELECTIONS. IN ADDITION TO THE QUALIFYING FEE THERE IS A ONE-
PERCENT (1%) STATE ELECTIONS ASSESSMENT OF \$42.00**

AND

**THE CANDIDATE MUST BE A PERMANENT RESIDENT OF THE CITY OF
WALDO (RESIDING WITHIN THE CORPORATE CITY BOUNDARY LINES FOR A
MINIMUM OF 6 MONTHS PRIOR TO QUALIFYING DATE OF OCTOBER 5, 2026,
AND A QUALIFIED ELECTOR OF THE CITY OF WALDO.
YOU MUST PRESENT A CURRENT VOTERS IDENTIFICATION CARD WHEN
QUALIFYING.**

City Hall hours are Monday – Thursday 7:00am-5:30pm- **CLOSED FRIDAY'S**

QUALIFYING CLOSES ON OCTOBER 15, AT 4:00PM

Waldo City Square, 14450 NE 148th Ave., PO Drawer B, Waldo, Fl. 32694 382-468-1001
Mayor Louie Davis: Council Members: Glen Johnson - Chair, Shannon Boal– Vice Chair,
Wendy Vivas, Monique Taylor, Jerome McIntyre



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To: Candidates for Waldo City Council, Mayor, Seat II (2) Seat V (5)

From: Amanda Brown, City Manager

RE: Qualifying

Qualifying for ballot positions for candidates for City Council will begin
October 5, 2026.

To qualify you will need to file with this office the following:

1. Oath of Candidate
2. Statement of Candidate
3. FORM 6 **ONLINE** – <https://disclosure.floridaethics.gov/Account/Login>
(Instructions Included in Candidate Packet.)
4. Appointment of Campaign Treasurer Form
5. Due Dates for contributions and expenditures report
6. Qualifying fee in the amount of \$25.00 (Payable to the City of Waldo) or petition signed by 25 electors of the City of Waldo
(Petition Included in Candidate Packet.)
7. Election Assessment (1%) in the amount of \$42.00 (Payable to the City of Waldo.) (Forms Included in Candidate Packet.) You may sign your oath before any notary or with a notary at City Hall.
8. Affidavit of Residency
9. Copy of Voter I.D. Card

Please be reminded:

QUALIFYING WILL CLOSE OCTOBER 15, 2026, at 4:00P.M. Failure to file qualifying papers and pay the required fee by deadline will eliminate you as a candidate.

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14450 NE 148th Ave.
PO Drawer B
Waldo, Fl. 32694
Office 352-468-1001
Email: kim@waldo-fl.com

CANDIDATE CHECK LIST FOR QUALIFYING FORMS RECEIVED

NAME: _____ SEAT: _____

ELECTION DECEMBER 1, 2026

Qualifying Dates: Open October 5, 2026 8:00A.M. Closes October 15, 2026 4:00P.M.

AVAILABLE SEATS: MAYOR, SEAT II (2), SEAT V (5)

OATH OF CANDIDATE	
STATEMENT OF CANDIDATE	
FORM 6 ONLINE FORM of Financial Interest – Fill out online and bring copy in to be turned in with completed packet	
Appointment of Campaign Treasurer Form/report forms	
Due dates for contributions and expenditures report	
Qualifying fee \$25.00 paid check #	
Election Assessment \$42.00 paid check #	
Statement of Residency	
Copy of Voter ID Card	

FORMS RECEIVED: DATE: _____ TIME: _____

RECEIVED BY: _____

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)

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) 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	Certain Vowel Sounds with R	
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-uh) 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

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).

**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

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) _____
Name

(2) _____
Address (number and street)

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☐ Candidate Office Sought: _____

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From ____ / ____ / ____ To ____ / ____ / ____ Report Type: _____

☐ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ ____ , ____ , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ ____ , ____ , ____ . ____

Transfers to Office Account \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ ____ , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ ____ , ____ , ____ . ____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) _____

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X _____

Signature

(Type name) _____

☐ Candidate ☐ Chairperson (only for PC and PTY)

X _____

Signature

Instructions for Campaign Treasurer's Report Summary	
(1)	Name: full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.
(2)	Address: the full address or post office box, city, state, and zip code. ☐ Check the box if the address has changed since the last report filed.
(3)	ID Number: identification number assigned by the filing officer.
(4)	Check the appropriate box(es).
(5)	Report Identifiers Cover Period: the dates this report covers (i.e., From <u>1/1/15</u> To <u>1/31/55</u>). Important: use the appropriate cover period dates as published by the filing officer. Report Type: refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a special election add "S" in front of the report code (i.e., <u>SG3</u>). Check one of the appropriate boxes: ☐ Original: first report filed for this reporting period. ☐ Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A. ☐ Special Election Report: Important: once a special election report is filed, the entity is required to file all remaining reports due for the special election.
(6)	Contributions This Report: Cash and Checks: total amount for this reporting period. Loans: total amount for this reporting period. Total Monetary: sum of Cash and Checks and Loans. In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.
(7)	Expenditures This Report: Monetary Expenditures: total amount of monetary expenditures for this reporting period. Transfers to Office Account: total amount transferred to an office account by <u>elected</u> candidates only. Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.
(8)	Other Distributions: the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.
(9)	TOTAL Monetary Contributions To Date: the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.
(10)	TOTAL Monetary Expenditures To Date: the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.
(11)	Type or print the required officer's name and have them sign the report: ☐ Candidate report: treasurer and candidate must sign. ☐ PC report: treasurer and chairperson must sign. ☐ PTY report: treasurer and chairperson must sign. ☐ ECO report: organization's treasurer must sign. ☐ IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)
AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94.	



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AFFIDAVIT OF RESIDENCY
(PLEASE PRINT)

I, _____,
a candidate for City of Waldo, City Council, Seat _____, in the regular
election of 2026, do hereby swear or affirm that I reside at _____
_____ which I hereby
swear or affirm is located within the City of Waldo, Florida City Limits. I have
been a resident at this location for _____ months/years.

I am providing the following information proving residency to the City Clerk
and realize that this information will be relied upon by the City:

_____.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING
AFFIDAVIT OF RESIDENCY AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature

Date

STATE OF FLORIDA
COUNTY OF ALACHUA

Before Me, the undersigned authority, on this _____ day of _____,
2026 appeared _____, who is personally
known to me or who has produced _____ as identification,
and who did take an oath and who being by me first duly sworn on oath, deposes
and says that he has read the foregoing and that the statements and allegations
contained herein are true and correct.

Sworn To and Subscribed before me this _____ day of _____, 2026

(Seal)

NOTARY PUBLIC, State of Florida

Waldo City Square, 14450 NE 148th Ave., PO Drawer B, Waldo, Fl. 32694 382-468-1001
Mayor Louie Davis: Council Members: Glen Johnson - Chair, Shannon Boal– Vice Chair,
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**DUE DATES for CONTRIBUTIONS AND EXPENDITURES REPORTS
GENERAL ELECTION DECEMBER 2, 2025**

1. Reports must be filed with City of Waldo before 5:00pm on due date or postmarked no later than the due date.
 - 1st Report: Due 32 days prior to election date - **October 29, 2026** (actual date would be October 30, 2026, but office is closed on Friday)
 - 2nd Report: Due 18 days prior to election date - **November 12, 2026** (actual date would be November 13, but office is closed on Friday)
 - 3rd Report: Due 4 days prior to election date - **November 23, 2026** (actual date would be November 27 but office is closed for Thanksgiving Holidays)
 - Final Report due within 90 days after election - **March 1, 2027.**

*Per Florida Statute 106: Each date is one day prior due to office being closed on Friday except for Thanksgiving Holiday week.

2. Last Day to receive contributions will be 18 days prior to the election **November 15, 2026.**
 - The 2nd report must include all contributions received by the above-stated deadline.

PENALTY FOR LATE FILING

Any candidate failing to file a report on the designated due date shall be subject to a fine of \$50.00 per day for each day late. However, candidate who receives or expends \$200.00 or less during the reporting period shall be subject to a fine of \$10.00 per day for each day late.

I, _____ have read and understand the above explained penalty for LATE FILING.

(CANDIDATE SIGNATURE)

(Witness)

(Date)

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ELECTION ASSESSMENT

Florida Statutes 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 1 percent of the annual salary of the office sought. Within 30 days after the close of the qualifying, the qualifying officer shall forward all assessments collected pursuant to this section to the Department of State for deposit in the Elections Commission Trust Fund.
- (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.

ELECTION ASSESSMENT

(one percent)

County Alachua City Waldo Date _____

	Candidate
A. Office Sought Circle One City Council Seat: MAYOR, SEAT II (2), & SEAT V (5)	Name:
B. Party Nonpartisan	Address:
C. Annual Salary \$4,200.00	Waldo, Florida 32694
D. 1% Assessment \$42.00	Phone:

Does this assessment represent an undue financial burden? Yes () No ()

**AFFIDAVIT OF UNDUE BURDEN
FOR MUNICIPAL CANDIDATES
ELECTION ASSESSMENT ONLY
(SECTION 99.093, FLORIDA STATUTES)**

I swear (or affirm) under oath that I intend to qualify as a candidate for the City of Waldo, Council seat and that I am unable to pay the 1% election assessment fee for the office without imposing an undue burden on my person resources or on resources otherwise available to me.

(Signature of Candidate)

Sworn to and subscribed before me this ____ day of _____, 2026

(Signature of Notary Public)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____



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ELECTION DECEMBER 2, 2026

Qualifying Dates: **Opens October 5, 2026, at 8:00 A.M.**
 Closes October 15, 2026, 4:00P.M.

I have been advised that as a qualifying candidate I must read Florida Statute Chapter 106 Campaign Financing.

I was advised about Florida Statute 106 by Staff at Waldo City Hall:
_____Yes _____No

I was advised I could have a copy printed to take with me:
_____Yes _____No

I declined a paper copy of Florida Statute 106 and will read on-line:
_____Yes _____No

Candidates Name:

Print:_____

Signature:_____

Date:_____

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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 or Voter Registration Number
(MM/DD/YY)

Address

City

County

State

Zip Code

Signature of Voter

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

2025 Form 6 Instructions

Full and Public Disclosure of Financial Interests

Notice

Annual Full and Public Disclosure 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. 112.3144, F.S. - applicable to officials other than judges]

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 CE Form 6 Full and Public Disclosure of Financial Interests

WHEN TO FILE:

Officeholders: No later than July 1, 2026

Candidates: During the qualifying period.

WHO MUST FILE FORM 6:

All persons holding the following positions: Governor, Lieutenant Governor, Cabinet members, members of the Legislature, State Attorneys, Public Defenders, Clerks of Circuit Courts, Sheriffs, Tax Collectors, Property Appraisers, Supervisors of Elections, County Commissioners, elected Superintendents of Schools, members of District School Boards, Mayor and members of the Jacksonville City Council, Judges of Compensation Claims; the Duval County Superintendent of Schools, and members of the Florida Housing Finance Corporation Board, each expressway authority, transportation authority (except the Jacksonville Transportation Authority), bridge authority, toll authority, or expressway agency created pursuant to Chapter 348 or 343, F.S., or any other general law, mayors or elected members of the governing bodies of municipalities,¹ each member of the Commission on Ethics, and judges, as required by Canon 6, Code of Judicial Conduct.

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 6:

Net Worth

[Required by Art. II, s. 8(a)(i)(1), Fla. Const.]

Report your net worth as of December 31, 2025, or a more current date, and list that date. This should be the same date used to value your assets and liabilities. In order to determine your net worth, you will need to total the value of all your assets and subtract the amount of all of your liabilities. Simply subtracting your liabilities from your assets will not result in an accurate net worth figure in most cases.

To total the value of your assets, add:

1. The aggregate value of household goods and personal effects, as reported in the Assets section of this form;

2. The value of all assets worth over \$1,000, as reported in the Assets section; and,
3. The total value of any assets worth less than \$1,000 that were not reported or included in the category of "household goods and personal effects."

To total the amount of your liabilities, add:

1. The total amount of each liability you reported in the Liabilities section of this form, except for any amounts listed in the "joint and several liabilities not reported above" portion; and,
2. The total amount of unreported liabilities (including those under \$1,000, credit card and retail installment accounts, and taxes owed).

Assets Worth More Than \$1,000

[Required by Art. II, s. 8, Fla. Const.; s. 112.3144, F.S.]

Household Goods and Personal Effects:

The value of your household goods and personal effects may be aggregated and reported as a lump sum, if their aggregate value exceeds \$1,000. The types of assets that can be reported in this manner are described on the form. Your household goods and personal effects include the following, if

not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

Assets Individually Valued at More Than \$1,000:

Describe, and state the value of, each asset you had on the reporting date you selected for your net worth, if the asset was worth more than \$1,000 and if you have not already included that asset in the aggregate value of your household goods and personal effects. Assets include, but are not limited to, things like interests in real property; cash; stocks; bonds; certificates of deposit; interests in businesses; beneficial interests in trusts; money owed you (including, but not limited to, loans made as a candidate to your own campaign); bank accounts in which you have an ownership interest; Deferred Retirement Option Program (DROP) accounts; and the Florida Prepaid College Plan. Assets also include 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.

You are not required to disclose assets owned solely by your spouse.

How to Identify or Describe the Asset:

- Real property: Identify by providing the street address of the property. If the property has no street address, identify

by describing the property's location in a manner sufficient to enable a member of the public to ascertain its location without resorting to any other source of information.

- Intangible property: Identify the type of property and the business entity or person to which or to whom it relates. Do not list simply "stocks and bonds" or "bank accounts." For example, list "Stock (Williams Construction Co.)," "Bonds (Southern Water and Gas)," "Bank accounts (First National Bank)," "Smith family trust," "Promissory note and mortgage (owed by John and Jane Doe)."

How to Value Assets:

- Value each asset by its fair market value on the date used in the Net Worth section of this form.
- Jointly held assets: If you hold real or personal property jointly with another person, your interest equals your legal percentage of ownership in the property. However, assets that are held as tenants by the entirety or jointly with right of survivorship, including bank accounts held in such a manner, must be reported at 100% of their value.
- Partnerships: You are deemed to own an interest in a partnership which corresponds to your interest in the equity of that partnership.
- Trusts: You are deemed to own an interest in a trust which corresponds to your percentage interest in the trust corpus.
- Real property may be valued at its market value for ad valorem tax purposes, unless a more accurate fair market value is available.

- Marketable securities which are widely traded and whose prices are generally available should be valued based upon the closing price on the valuation date.
- Accounts, notes, and loans receivable: Value at fair market value, which generally is the amount you reasonably expect to collect.
- Closely-held businesses: Use any method of valuation which in your judgment most closely approximates fair market value, such as book value, reproduction value, liquidation value, capitalized earnings value, capitalized cash flow value, or value established by "buy-out" agreements. It is suggested that the method of valuation chosen be indicated on the form.
- Life Insurance: Use cash surrender value less loans against the policy, plus accumulated dividends.
- The asset 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 Art. II, s. 8, Fla. Const.; s. 112.312, F.S.]

Liabilities in Excess of \$1,000:

List the name and address of each creditor to whom you owed more than \$1,000 on the date you chose for your net worth, and list the amount you owed. Liabilities include: accounts,

notes, and interest payable; debts or obligations (excluding taxes, unless the taxes have been reduced to a judgment) to governmental entities; judgments against you, and the unpaid portion of vehicle leases.

You are not required to disclose liabilities that are solely your spouse's responsibility.

You do not have to list on the form any of the following: credit card and retail installment accounts, taxes owed (unless the taxes have been 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 partner (without personal liability) for partnership debts, or where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" on a note and are jointly liable or jointly and severally liable, then it is not a contingent liability.

How to Determine the Amount of a Liability:

- Generally, the amount of the liability is the face amount of the debt.
- The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments.
- If you are the only person obligated to satisfy a liability, 100% of the liability should be listed.

- If you are jointly and severally liable with another person or entity, which often is the case where more than one person is liable on a promissory note, you should report here only the portion of the liability that corresponds to your percentage of liability. However, if you are jointly and severally liable for a debt relating to property you own with one or more others as tenants by the entirety or jointly, with right of survivorship, report 100% of the total amount owed.
- If you are only jointly (not jointly and severally) liable with another person or entity, your share of the liability should be determined in the same way as you determined your share of jointly held assets.

Examples:

- You owe \$10,000 to a bank for student loans, \$5,000 for credit card debts, and \$60,000 with your spouse to a savings and loan for the mortgage on the home you own with your spouse. You must report the name and address of the bank (\$10,000 being the amount of that liability) and the name and address of the savings and loan (\$60,000 being the amount of this liability). The credit card debts need not be reported.
- You and your 50% business partner have a \$100,000 business loan from a bank and you both are jointly and severally liable. Report the name and address of the bank and \$50,000 as the amount of the liability. If your liability for the loan is only as a partner, without personal liability, then the loan would be a contingent liability.

Joint and Several Liabilities Not Reported Above:

List in this part of the form the amount of each debt for which you were jointly and severally liable, that is not reported in the "Liabilities in Excess of \$1,000" part of the form. Example: You and your 50% business partner have a \$100,000 business loan from a bank and you both are jointly and severally liable.

Report the name and address of the bank and \$50,000 as the amount of the liability, as you reported the other 50% of the debt earlier.

Income

[Required by Art. II, s. 8, Fla. Const.]

Primary Sources of Income:

List the name of each source of income that provided you with more than \$1,000 of income during 2025, the address of that source, and the amount of income received from that source. 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 include all of that income.

"Income" means the same as "gross income" for federal income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples of income include: compensation for services, gross income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, distributive share of partnership gross income, and alimony if it is considered gross income under federal law, but not child support. Where income is derived from a business activity you should report the income to you, as calculated for income tax purposes, rather than the income to the business.

For purposes of reporting your income, you have the option of either completing this section or submitting a copy of your 2025 federal income tax return, including all schedules, W2s, and attachments.

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 owned stock in and were employed by a corporation and received more than \$1,000 of income (salary, commissions, dividends, etc.) from the company, you should list the name of the company, its address, and the total amount of income received from it.
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$1,000, you should list the name of the firm, its address, and the amount of your distributive share.

- If you received dividend or interest income from investments in stocks and bonds, list only each individual company from which you received more than \$1,000. Do not aggregate income from all of these investments.
- If more than \$1,000 of income was gained from the sale of property, then you should list as a source of income the name of the purchaser, the purchaser's address, and the amount of gain from the sale. 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 simply as "sale of (name of company) stock," for example.
- If more than \$1,000 of your 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 the amount of income from that institution.

Secondary Sources of Income:

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 as a "Primary Source of Income." You will *not* have anything to report *unless*:

1. You owned (either directly or indirectly in the form of an equitable or beneficial interest) during the disclosure period, more than 5% of the total assets or capital stock of

- a business entity (a corporation, partnership, limited partnership, LLC, proprietorship, joint venture, trust, firm, etc., doing business in Florida); and
2. You received more than \$1,000 in gross income from that business entity during the period.

If your ownership and gross income exceeded the two thresholds listed above, 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, the source's principal business activity, and the name of the business entity in which you owned an interest. You do not have to list the amount of income the business derived from that major source of income.

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 listed 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 \$1,000 in gross income last year. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of your business, 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 gross partnership income exceeded \$1,000. You should list the name of the partnership, the name of 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.

Interests in Specified Businesses

[Required by s. 112.3145, F.S.]

The types of businesses covered in this section 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.

You are required to 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 2025,

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). Also, if you own(ed) more than a 5% interest in the business, as described above, you must 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, or an elected local officers of independent special districts, 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.

Instructions for CE FORM 6 - Effective: January 1, 2026

Incorporated by reference in Rules 34-8.001 and 34-8.002, F.A.C

¹ During the pendency of ongoing litigation, the Commission on Ethics is enjoined from enforcing the Form 6 requirement for mayors and elected members of municipal governing bodies, and they will have to file a CE Form 1 ("Statement of Financial Interest").