Candidate Qualifying Checklist

Candidate's Name: Peter M. Bokach	REORIVED
Candidate's Ivanic.	7070 HIN -8 PM 2 LO
or and Lake and R. A. ADDO	2 + 3
Office Sought: Nakewood Ranch (LDD)-	2020 JUN -8 PM 3 140 Supervisor of Elections
	The state of the s
Qualifying Fee (Unless qualifying by the petition method):	
Check payable to Supervisor of Elections	
Check drawn on campaign account (Unless Special Districts collecting or spending any money)	
Check drawn on bank designated on Form DS-DE 9 Amount is not less than the qualifying fee	
Written and numerical numbers are both filled in and are the same	
Check is signed by treasurer or by deputy treasurer	
Appointment of Campaign Treasurer (Form DSDE 9) (Do not file again if previous filing is correct)	
Office provided – must include name of office including district, if applicable	
Party affiliation provided, if applicable	ing district, it applicable
Campaign treasurer designated	
Primary depository designated	
☐ Candidate original signature☐ Candidate indicated date signed☐	
Campaign treasurer's acceptance of appointment complete	
Campaign treasurer's signature provided	•
Campaign treasurer indicated date signed	
Financial Disclosure Filed (Form 6 or Form 1 whichever appropriate)	
□ 2019 form	
☐ Candidate's signature provided	
Venue provided (county where oath was taken) Date of notarization provided	
Date of notarization provided Personally known or identification provided is indicated.	pated
Contains notary signature	/atcu
Personally known or identification provided is indiced to Contains notary signature Notary name stamped or printed below signature Notary commission not expired when notarized	
Notary commission not expired when notarized	
Candidate Oath Filed - Original (DS-DE 301SL, DS-DE 302NP, DS-DE 303JU, or DS-DE 304SB whichever appropriate)	
(DS-DE 301SL, DS-DE 302NF, DS-DE 30330, 01 DS-DE 304S1	s whichever appropriates
Under Oath of Candidate, name as it is to appear on	
Office provided (must include name of office including district, if applicable) County of legal residence	
Under Statement of Party, party affiliation provided	(if applicable)
Candidate signature	
Venue provided (county where oath was taken)	
Date of notarization Personally known or identification is indicated	
Contains notary signature and seal (Notary commis	ssion not expired when notarized.)
Notary name stamped or printed below signature	