

STATE OF FLORIDA
FLORIDA ELECTIONS COMMISSION

107 West Gaines Street, Suite 224, Tallahassee, Florida 32399-1050

Telephone Number: (850) 922-4539

www.fec.state.fl.us

CONFIDENTIAL COMPLAINT FORM

The Commission's records and proceedings in a case are confidential until the Commission rules on probable cause. A copy of the complaint will be provided to the person against whom the complaint is brought.

1. PERSON BRINGING COMPLAINT:

Name: _____ Work Phone: (____) _____

Address: _____ Home Phone: (____) _____

City: _____ County: _____ State: _____ Zip Code: _____

2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:

A person can be an individual, political committee, committee of continuous existence, political party, electioneering communication organization, club, corporation, partnership, company, association, or any other type of organization. (If you intend to name more than one individual or entity, please file multiple complaints.)

Name of individual or entity: _____

Address: _____ Phone: (____) _____

City: _____ County: _____ State: _____ Zip Code: _____

If individual is a candidate, list the office or position sought: _____

Have you filed this complaint with the State Attorney's Office? (check one) ☐ Yes ☐ No

3. ALLEGED VIOLATION(S):

Please list the provisions of The Florida Election Code that you believe the person named above may have violated. The Commission has jurisdiction only to investigate the following provisions: **Chapter 104, Chapter 106, and Section 105.071, Florida Statutes.** Also, please include:

- ✓ The facts and actions that you believe support the violations you allege,
- ✓ The names and telephone numbers of persons you believe may be witnesses to the facts,
- ✓ A copy or picture of the political advertisements you mention in your statement,
- ✓ A copy of the documents you mention in your statement, and
- ✓ Other evidence that supports your allegations.

Additional materials attached (check one)? ☐ Yes ☐ No

4. OATH

STATE OF FLORIDA

COUNTY OF _____

I swear or affirm, that the above information is true and correct to the best of my knowledge.

Original Signature of Person Bringing Complaint

Sworn to and subscribed before me this _____ day of
_____, 20 _____

Signature of Officer Authorized to Administer Oaths or Notary public.

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known _____ Or Produced Identification _____

Type of Identification Produced _____

Any person who files a complaint while <u>knowing</u> that the allegations are false or without merit commits a misdemeanor of the first degree, punishable as provided in Sections 775.082 and 775.083, Florida Statutes.
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