

CONFIDENTIAL COMPLAINT

STATE OF FLORIDA

FLORIDA ELECTIONS COMMISSION

Suite 2002, The Capitol, Tallahassee, Florida 32399.1050

Telephone Number: (850) 922-4539

NOTICE

The Commission's jurisdiction is limited to violations of Section 104.271(2) & Chapter 106, Florida Statutes.

PERSON BRINGING COMPLAINT:

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ county: _____

City: _____ state: _____ Zip Code: _____

PERSON AGAINST WHOM COMPLAINT IS BROUGHT: (limit one person per form)

Name: _____ Home Phone: _____ Work Phone: _____

Name of Committee/Corporation: _____

Home Address: _____ County: _____

City: _____ state: _____ Zip Code: _____

Title of office or position sought: _____

Have you filed this same complaint with the State Attorney's Office? (Yes of No) _____

ALLEGED VIOLATION:

If you believe a violation of Section 104.271(2) or Chapter 106, Florida Statutes, has been committed, please state the specific subsection(s) believed to be violated by the person named in this complaint:

NOTICE

A person filing a complaint alleging a violation of Section 104.271(2), Florida Statutes, must provide documentation showing that the statement was made by a candidate opposing the complainant in the same election, the statement made by the opposing candidate was false, and the opposing candidate knew it was false.

STATEMENT OF FACTS:

State in your own words the detailed facts and actions of the person named in this complaint that form the basis for this complaint. In your narrative explanation, please include relevant dates and times and the names and addresses of other persons whom you believe have knowledge of the facts. Also include with the complaint a copy or picture of all political advertisements that you mention in your statement. Give any and all reasons that you feel that the alleged violation was committed in a *willful* manner:
