

**FAIR CAMPAIGN PRACTICES COMMITTEE
OF BROWARD COUNTY, INC.****COMPLAINT FORM****COMPLAINANT INFORMATION: (Please print or type)**

Name _____ Precinct number _____

Street address _____

Telephone number (daytime) _____ Other number _____

If any of the above are missing, this complaint will not be considered.

Candidate complained against _____

The campaign is for which office? _____

Code of Conduct paragraph number allegedly violated _____

Please state briefly the facts which form the basis of your complaint. You may use additional paper.

- Please attach to the Complaint any written material which you want the Committee to consider (list attachments here)

Under penalties of perjury, I declare the above to be true and correct to my best personal knowledge and belief.

Signature _____ Date _____

State of Florida
County of BrowardSworn to and subscribed before me on _____ by _____
_____, who is personally known to me or who produced
_____ as identification.

Type of identification

Notary Public
My commission expires _____