

# LEGISLATIVE FACT SHEET

DATE August 9, 2012

BT OR RC NUMBER: \_\_\_\_\_  
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): \_Supervisor of Elections

**PURPOSE/SUMMARY:**

Precinct Boundary change for General Election

**APPROPRIATION :** Total Amount Appropriated: \$ \_0\_ as follows:

**(Name of Fund as it will appear in title of legislation)** \_\_\_\_\_

Name of Federal Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of City of Jax Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of In-Kind Contribution Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Bond Acct \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Number \_\_\_\_\_

**IMPACT - FINANCIAL/OTHER:**

**ACTION ITEMS:**

Emergency?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Federal or State Mandates	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Fiscal Year Carryover?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	_____
CIP Amendment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	(Attach a copy only)
C/A negotiations on-going?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Oversight Department Required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Name of Dept. _____
Related RC?/BT?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	(Attach a copy)
Waiver of Code?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	(Identify Code Provision _____)
Code Exception?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	(Identify Code Provision _____)
Continuation Grant?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Surplus Property Certification?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Ord. # of Previous Ord. _____ Report
Required to City Council/Council Auditors	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Date _____ Frequency _____

**Add additional pages as necessary for explanation.**

**ADMINISTRATION TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Staff  
Mayor's Office, Fourth Floor, City Hall at St. James

From: Jerry Holland, Supervisor of Elections  
(Name, Job Title, Department)

Phone: 1414 \_\_\_\_\_ Fax: 2920 \_\_\_\_\_ E-mail: jholland@coj.net

Contact person: Robert Phillips, Exec Asst to the SOE, Elections  
(Name, Job Title, Department)

Phone: 8018 \_\_\_\_\_ Fax: 2920 \_\_\_\_\_ E-mail: Phillips@coj.net

---

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL  
OFFICER TRANSMITTAL**

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel  
Suite 480, City Hall at St. James

From: Jerry Holland, Supervisor of Elections  
(Name, Job Title, Department)

Phone: 1414 \_\_\_\_\_ Fax: 2920 \_\_\_\_\_ E-mail: jholland@coj.net

Contact person: Robert Phillips, Exec Asst to the SOE, Elections

(Name, Job Title, Department)  
Phone: 8018 \_\_\_\_\_ Fax: 2920 \_\_\_\_\_ E-mail: Phillips@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

---

**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**

G:\SHARED\LEGIS.CC\Sidman\Miscellaneous\Fact Sheet form 10 23 06.doc