



Florida Elections Commission



AFFIDAVIT OF FINANCIAL HARDSHIP

I, _____, a candidate for the office of _____, do hereby certify, pursuant to Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of \$_____ to qualify for nomination or election to public office because paying the assessment would be an undue burden on my personal financial resources or on the financial resources available to me. Under penalty of perjury, I declare that I have read the foregoing and that it is a true and correct statement.

_____ Date _____ Signature of Candidate

Address: _____

City: _____ State: _____ Zip: _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____ by _____.

_____ Signature of Notary Public – State of Florida Personally Known _____ Produced Identification _____

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced _____

Received by:

Name: _____

Telephone: _____

City _____

Date of Election: _____