



Florida Elections Commission



AFFIDAVIT OF FINANCIAL HARDSHIP

I, _____, a candidate for the office of
Print Name
 _____ 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: _____