



Ballot Duplication Observer Affidavit

Observer Information

Name:	
Date of Birth:	Voter ID Number:
Residential Address:	
Phone Number:	Email Address:

Organization Information (select one)

I am a:

Candidate for the office of¹:

Political party official of the political party²:

Political committee official of the committee³:

I am an authorized designee of:

Candidate¹: _____ for the office of: _____

Political party official²: _____ of the party: _____

Political committee official³: _____ of the committee: _____

I am none of the above. Note – you cannot file objections to a duplicated ballot unless you are a candidate, political party official, political committee official, or designee thereof.

Please attach documentation establishing your credentials. In the event of space or time limitations, priority will be given to credentialed candidate, party, or political committee representatives.

I do solemnly swear or affirm that my name is _____;

that the information above on this form is true, and, in accordance with s. 101.5614, Florida Statutes, I affirm my acknowledgement that disclosure of election results discerned from observing the ballot duplication process while the election is ongoing is a felony of the third degree.

Signature: _____ **Date:** ____ / ____ / _____

¹ Must be a qualified candidate in the election

² Must be a registered political party in Florida

³ Must be a registered political committee in Florida

101.5614(4)(a), F.S.

