



# 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 of<sup>1</sup>:

Political party official of the political party<sup>2</sup>:

Political committee official of the committee<sup>3</sup>:

I am an authorized designee of:

Candidate<sup>1</sup>: \_\_\_\_\_ for the office of: \_\_\_\_\_

Political party official<sup>2</sup>: \_\_\_\_\_ of the party: \_\_\_\_\_

Political committee official<sup>3</sup>: \_\_\_\_\_ 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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<sup>1</sup> Must be a qualified candidate in the election

<sup>2</sup> Must be a registered political party in Florida

<sup>3</sup> Must be a registered political committee in Florida