

Affidavit of Undue Burden Election Assessment Written Certification

99.093 Municipal candidates; election assessment.

(1) Each person seeking to qualify for nomination or election to a municipal office shall pay, at the time of qualifying for office, an election assessment. The election assessment shall be an amount equal to 1 percent of the annual salary of the office sought. Within 30 days after the close of qualifying, the qualifying officer shall forward all assessments collected pursuant to this section to the Florida Elections Commission for deposit in the Elections Commission Trust Fund.

(2) Any person seeking to qualify for nomination or election to a municipal office who is unable to pay the election assessment without imposing an undue burden on personal resources or on resources otherwise available to him or her shall, upon written certification of such inability given under oath to the qualifying officer, be exempt from paying the election assessment.

I am filing Assessment Fee Undue Burden Certification per F.S. 99.093(2)
I (print candidate name): _____ state that, in accordance with F.S. 99.093(2) this shall serve as a written certification of such inability given under oath to the qualifying officer, be exempt from paying the election assessment. I request this be accepted as my written certification of such inability, given by me under oath, to the Bay County Supervisor of Elections Qualifying Officer.

I am DECLINING Assessment Fee Undue Burden Certification per F.S. 99.093(2) I will pay the assessment fee.

Candidate Signature _____ **Date** ___/___/20___

Address _____ **City** _____

State _____ **Zip** _____ **Telephone Number** _____

Notary:

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of

online notarization OR physical presence

this _____ day of _____, 20__.

Personally Known OR Produced identification

Type of Identification Produced: _____

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public below:

SOE Office Q.C. I.D. _____ & _____