



ATTESTATION TO REVIEW ELECTION MATERIAL

Pursuant to Florida Statutes 101.572(2), only a candidate, a political party official, a political committee official or an authorized designee thereof, are permitted to review specified elections materials.

1. Date: ____/____/____

2. Please check the appropriate box and complete the following statement:

Candidate

Political Party Official; Political Party Name: _____

Political Committee Official; Political Committee Name: _____

Authorized Designee; Designated by *(provide name of person authorized to make designation; if candidate, indicate candidate name and office sought, if political party or committee, indicate registered name of political party or committee)*:

3. Print Name:

Signature:

4. Date of Birth (MM/DD/YYYY):

Pursuant to F.S. 92.525, under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

Pursuant to Florida Statute, I understand and agree that the Supervisor of Elections providing reasonable access upon request to review or inspect ballot materials is conditional. I understand and agree not to make copies, which includes but is not limited to written, video, or photographic copies, of any signature or other voter information that is confidential and exempt pursuant to Florida law. I understand and agree that any violation will result in my removal from having access to review or inspect ballot materials and/or the duplication room. I understand that I will be required to present photo ID to verify my identity prior to being granted access to review or inspect ballot material.