

# Ballot Inspection Affidavit

## Flagler County, Florida

### Observer Information

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

### Organization Information (Make a selection from Section 1, 2, or 3)

I am a:	<b>1</b>
<input type="checkbox"/> Candidate for the office of <sup>1</sup> :	
<input type="checkbox"/> Political party official of the political party <sup>2</sup> :	
<input type="checkbox"/> Political committee official of the committee <sup>3</sup> :	
I am an authorized designee of:	<b>2</b>
<input type="checkbox"/> Candidate <sup>1</sup> :	for the office of:
<input type="checkbox"/> Political party official <sup>2</sup> :	of the party:
<input type="checkbox"/> Political committee official <sup>3</sup> :	of the committee:
<input type="checkbox"/> 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.	<b>3</b>

*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. I also agree that I will not record or photograph voter signatures.

**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