

Ballot Inspection Affidavit

2024 General Election ★ 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:	1
<input type="checkbox"/> Candidate for the office of ¹ :	
<input type="checkbox"/> Political party official of the political party ² :	
<input type="checkbox"/> Political committee official of the committee ³ :	
I am an authorized designee of:	2
<input type="checkbox"/> Candidate ¹ :	for the office of:
<input type="checkbox"/> Political party official ² :	of the party:
<input type="checkbox"/> Political committee official ³ :	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.	3
<i>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>	

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:** ____ / ____ / ____

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