

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.</i>				
<i>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