

# AFFIDAVIT OF UNDUE BURDEN

(Section 99.097(4), Florida Statutes)

**IMPORTANT: (1) Paying signature gatherers will preclude or invalidate the filing of an undue burden oath.** Section 99.097(6), Florida Statutes, provides: (a) If any person is paid to solicit signatures on a petition, an undue burden oath may not subsequently be filed in lieu of paying the fee to have signatures verified for that petition. (b) If an undue burden oath has been filed and payment is subsequently made to any person to solicit signatures on a petition, the undue burden oath is no longer valid and a fee for all signatures previously submitted to the supervisor of elections and any submitted thereafter shall be paid by the candidate, person, or organization that submitted the undue burden oath. If contributions as defined in s. 106.011 are received, any monetary contributions must first be used to reimburse the supervisor of elections for any signature verification fees that were not paid because of the filing of the undue burden oath. [Note: The second sentence in (b) applies only when payment is made to a signature gatherer after an undue burden oath had been filed.]

**(2) Upon a candidate terminating the campaign,** any candidate who qualified by the petition process and who has surplus funds, must first apply the surplus funds to the reimbursement of the signature verification fee (if applicable) and thereafter to the election assessment. See s. 106.141(6), Florida Statutes.

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I certify under oath that I intend to qualify as a candidate for the office of \_\_\_\_\_ and that I am unable to pay the fee for verification of petition signatures for that office without imposing an undue burden on my personal resources or on resources otherwise available to me.

X

<b>Signature of Candidate</b>		<b>Print Candidate's Name</b>	
<b>Address</b>		<b>City</b>	
		(     )	
<b>State</b>	<b>Zip</b>	<b>Telephone Number</b>	

**State of Florida**  
**County of** \_\_\_\_\_

**Sworn to (or affirmed) and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_  
**by** \_\_\_\_\_.

Personally Known: \_\_\_\_\_ or

Produced Identification: \_\_\_\_\_

Type of Identification Produced:

\_\_\_\_\_  
**Signature of Notary Public – State of Florida**  
 Print, Type or Stamp Commissioned Name of  
 Notary Public

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