

AFFIDAVIT OF FINANCIAL HARDSHIP
(Section 99.093(2), Florida Statutes)

ORL CITY CLERK

AUG 3 17 PM 1:28

I, Tom Keen, a candidate for the office of
Print Name
Orlando City Commissioner, District 1 do hereby certify, pursuant

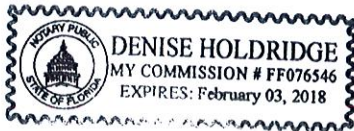
to Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of
\$ 580.01 to qualify for nomination or election to public office because paying the
assessment would be an undue burden on my personal financial resources or on the financial
resources available to me. Under penalty of perjury, I declare that I have read the foregoing and
that it is a true and correct statement.

3 AUG 2017
Date

Tom Keen
Signature of Candidate

Address: 8326 Laureate Blvd
City: Orlando State: FL Zip: 32827

Sworn to (or affirmed) and subscribed before me this 3 day of AUGUST
, 20 17 by TOM KEEN.



Denise Holdridge
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known _____ or Produced Identification X
Type of Identification Produced FL DRIVERS LICENSE

Received by:
Name: _____ Telephone: _____
City _____ Date of Election: _____

Remit within 30 days of close of qualifying to:
Florida Elections Commission
107 West Gaines Street, Suite 224
Tallahassee, Florida 32399
Telephone: 850.922.4539 Fax: 850.921.0783