

VOTE-BY-MAIL Duplication Observer Affidavit

Sections 101.5614(4)(a) and (8), Florida Statute (2022)

Note: Upon request, a physically present candidate or their authorized designee, and one authorized representative of a political party and a political committee, respectively, may observe the duplication of vote-by-mail ballots after signing this affidavit and submitting it to the Office of the Supervisor of Elections for Broward County. All information on this form becomes a public record when submitted to the Supervisor's Office.

I understand that Florida law permits only individuals who sign an affidavit to observe the duplication of vote-by-mail ballots.

I hereby swear or affirm that:

I, _____, am a resident of the State of
(Print name)

Florida, over 18 years of age, and am competent to give this affidavit. I further state that I am (check applicable box):

a candidate in the current elections;

an authorized representative designated by the following candidate: _____;
(candidate name)

an authorized representative designated by the following political party: _____;
(political party name)

or

an authorized representative designated by the following political committee:

(political committee name)

I understand that any person, who (1) willfully affirms falsely to any affirmation in connection with elections, (2) perpetrates any fraud in connection with any vote to be cast in any election, or (3) any person who releases any information about votes cast for or against any candidate or ballot measure or any results of any election before the closing of the polls in Broward County on election day, can be convicted of a felony of the third degree, fined up to \$5,000, imprisoned for up to 5 years, and punished as otherwise provided by Sections 77.082, 775.083, or 775.084, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Signature

Date