OATH OF ACQUISITION
FOR LIST OF VOTERS REQUESTING VOTE-BY-MAIL BALLOTS

Florida Statute 101.62(3) provides that for political purposes only the following can request a list of registered voters who have requested vote-by-mail ballots:

- A canvassing board
- An election official
- A political party or political party official
- A candidate who has filed qualification papers and is opposed in an upcoming election
- A registered political committee

Please check the appropriate box above and complete the following statement(s) as applicable:
I hereby swear or affirm that I am authorized to receive this information

_________________________  ____________________________            _____________________
(Print Name)       (Signature)

_________________        ____________________________            _____________________
(Title)      (Email)                                                                     (Phone)

I authorize the following person(s) to place and accept orders on my behalf. I assume full responsibility for payment prior to or upon receipt of the order and for the use of the information.

Designated Representative(s):

_________________________  _____________________________________
(Print Name)                                                                              (Email, Phone)

_________________________  _____________ ________________________
(Print Name)                                                                              (Email, Phone)

Signature MUST be notarized or witnessed by a Deputy Supervisor of Elections:

(A) Sworn to and subscribed before me, a Notary Public of the State of Florida, this _____ day of
______________________, 20_____.

Signature of Notary Public: ___________________________________________________________

Print, Type, or Stamp Commissioned Name of Notary Public: ____________________________________

___Personally known OR ___Produced Identification

Type of Identification Produced: ___________________________________________________________

OR

(B) Sworn to and subscribed before me, the Supervisor or Deputy Supervisor of Elections of Pinellas
County, this _____ day of _____________________, 20_____.

Signature of Supervisor or Deputy: _______________________________________________________

To the best of my knowledge, the information supplied on lists, labels, or cd-rom correctly reflects information supplied to the Office of the Supervisor of Elections by the registered voters of Pinellas County, Florida.

Deborah Clark, Pinellas County Supervisor of Elections
13001 Starkey Road, Largo, Florida 33773

REVISED: 12/20/2016 NS