

ATTESTATION TO REVIEW ELECTION MATERIAL

Pursuant to Florida Statutes 101.572(2) and 102.166(4), only a candidate, a political party official, a political committee official or an authorized designee thereof, is permitted to review specified elections materials.

1. Please check the appropriate box and complete the following statement:

- Candidate
- Political Party Official; Political Party Name: _____
- Political Committee Official; Political Committee Name: _____
- Authorized Designee; Designated by: _____
Provide name of person authorized to make designation; if candidate, indicate candidate name and office sought, if political party or committee, indicate registered name of political party or committee.

2. Print Name: _____ **Signature:** _____ **Date:** ____/____/____

3. Date of Birth: ____/____/____ **Florida DL or ID #:** _____
MM / DD / YYYY If from another state, include name of state and DL or ID #

4. 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____.

Personally known OR Produced Identification
Type of Identification Produced: _____

Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

OR

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

Personally known OR Produced Identification
Type of Identification Produced: _____

Signature of Supervisor or Deputy
Print Name of Supervisor or Deputy: _____

Pursuant to F.S. 92.525, under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

Pursuant to F.S. 101.572, 101.5614, 101.67 and 104.41, I understand and agree that the Supervisor of Elections providing reasonable access upon request to review or inspect ballot materials is conditional. I understand and agree not to make copies, which includes but is not limited to written, video, or photographic copies, of any signature or other voter information that is confidential and exempt pursuant to Florida law. I understand and agree that I will not make written notations of ballot and/or vote counts and/or video or photographic copies of ballots and/or votes. I understand and agree that any violation will result in my removal from having access to review or inspect ballot materials and/or the duplication room.

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