

# AFFIDAVIT OF INTENTION

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

State of Florida

County of \_\_\_\_\_

I, \_\_\_\_\_ ,  
Name of Candidate

a candidate for merit retention for \_\_\_\_\_  
Office

in the general election of \_\_\_\_\_ , do hereby certify that I have not  
Year

and do not anticipate receiving contributions or making expenditures in support of my candidacy for retention in office.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFADIVIT OF INTENTION AND THAT THE FACTS STATED IN IT ARE TRUE.**

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date