

AFFIDAVIT OF UNDUE BURDEN FOR POLITICAL COMMITTEES

Notice: If paying the costs to verify signatures pursuant to section [99.097](#)(4), Florida Statutes, or [100.371](#)(14), whichever is applicable, would impose an undue burden on personal resources or other resources otherwise available to an organization seeking to have an issue placed on the ballot, the organization may submit an affidavit under oath of such inability to pay and is then entitled to have signatures verified at no cost.

Section [99.097](#)(6), Florida Statutes, provides: (a) If any person is paid to solicit signatures on a petition, an undue burden oath may not subsequently be filed in lieu of paying the fee to have signatures verified for that petition. (b) If an undue burden oath has been filed and payment is subsequently made to any person to solicit signatures on a petition, the undue burden oath is no longer valid and a fee for all signatures previously submitted to the supervisor of elections and any submitted thereafter shall be paid by the candidate, person, or organization that submitted the undue burden oath. If contributions as defined in section [106.011](#), Florida Statutes, are received, any monetary contributions must first be used to reimburse the supervisor of elections for any signature verification fees that were not paid because of the filing of the undue burden oath. [Note: The second sentence in (b) applies only when payment is made to a signature gatherer after an undue burden oath had been filed.]

I certify under oath that _____
(Name of Political Committee)

Is unable to pay the fee for verification of petition signatures as set pursuant to section [99.097](#)(4), Florida Statutes, or the fee as set for verification of signatures for statewide initiative petitions pursuant to section [100.371](#)(14), Florida Statutes, whichever may be applicable, without imposing an undue burden on the committee's resources.

Treasurer's Printed Name

X _____
Treasurer's Signature

Address

City

State

Zip

Telephone Number

STATE OF FLORIDA

COUNTY OF _____

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

Sworn to (or affirmed) and subscribed before me by
means of online notarization **or** physical presence

this _____ day of _____, 20____

Personally Known **or** Produced identification

Type of Identification Produced: _____