

**AFFIDAVIT
OF
UNDUE BURDEN
FOR MUNICIPAL CANDIDATES**

ELECTION ASSESSMENT ONLY
(Section 99.093, Florida Statutes)

I _____ swear
(or affirm) under oath that I intend to qualify as a candidate for the office
of _____
and that I am unable to pay the 1% State election assessment fee for that office
without imposing an undue burden on my personal resources or on resources
otherwise available to me.

Signature of Candidate

Print Name: _____

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to and subscribed before me this _____ day of _____ 2005.

(Signature of Notary Public)

(Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known ___ or Produced Identification ___

Type of Identification Produced _____