



Wesley Wilcox

Supervisor of Elections, Marion County, FL

Election Center

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W www.VoteMarion.Gov

Affidavit of Intent Committeemen and Committeewomen

STATE OF FLORIDA

Date _____

COUNTY OF MARION

Voter ID _____

I _____, a candidate for the office of
Printed Name of Candidate

Precinct

Committeeman

State

Committeewoman

_____ in the 2020 elections,

Mark one box

Mark one box

Precinct Number

AGREE that in the event I decide to accept "contributions" (F.S. 106.011), and/or make "expenditures" (F.S. 106.011), for the purpose of influencing the results of an election, I will comply with the requirements of F.S. 106.0702 and file a single report of all contributions and expenditures. The report shall be filed on the 4th day preceding the Primary Election with the Marion County Supervisor of Elections.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING
AFFIDAVIT, AND AGREE TO ABIDE BY THE LAWS LISTED ABOVE.

Email

Signature and Date

Phone

Address

City, State, Zip