



Wesley Wilcox

Supervisor of Elections, Marion County, FL

Election Center

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Affidavit of Intent Special District

STATE OF FLORIDA

Date _____

COUNTY OF MARION

Voter ID _____

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

_____, in the _____ election cycle,
Name of Office including District/Group Number

- AGREE that I will not accept “contributions” (F.S. 106.011) and/or make “expenditures” (F.S. 106.011) for the purpose of influencing the results of an election.
- AGREE that the only expenditure made on behalf of my candidacy will be the candidate qualifying fee or the signature verification fee for candidate petitions, in lieu of the qualifying fee.
- AGREE that in the event I decide to accept contributions and/or make expenditures, I will file a DS-DE 9, *Appointment of Campaign Treasurer and Designation of Campaign Depository*, with the Marion County Supervisor of Elections and my campaign will be governed by Chapter 106, Florida Statutes.

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