



**AFFIDAVIT OF INTENT
SPECIAL DISTRICT CANDIDATE
SARASOTA COUNTY, FLORIDA**

I, _____, certify that I intend to qualify as a
PRINT CANDIDATE NAME
candidate for the Special District office of _____ in the
DISTRICT NAME, SEAT NUMBER
_____ election; and that I will not collect, solicit, or accept
MONTH, YEAR
any money or contribution in-kind in connection with my campaign. My only
campaign expense, from personal funds, will be the candidate filing fee or the
signature verification fee for candidates who qualify by the petition process.

Therefore, I am not required to appoint a campaign treasurer or designate a
campaign depository pursuant to Florida Statute 99.061. And I am not required to
file periodic campaign treasurer's reports as required by Florida Statute 106.07.

I understand that in the event I collect, solicit, or accept any money or contribution
in-kind or make a campaign expense that is not in accordance with this affidavit,
this affidavit will become null and void, and my campaign will be subject to the
campaign finance regulations outlined in Florida Statutes, Chapter 106, Campaign
Financing.

**UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE
PRECEDING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.**

X _____
SIGNATURE OF CANDIDATE

DATE

EMAIL ADDRESS: _____

TELEPHONE: _____