

CITY OF BELLEVIEW

**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 **Belleview City Commission Seat** _____ and that I am unable to pay the one (1) percent 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

STATE OF FLORIDA
COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 2008, by _____, who is (a) ____ personally known to me OR (b) ____ produced _____ as identification.

Notary Public, State of Florida