

AFFIDAVIT OF UNDUE BURDEN

**For Municipal Candidates
Election Assessment Only**

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% 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

Subscribed and Sworn (or affirmed) to before me
this _____ day of _____, 20_____.

Qualifying Officer

**Omichele D. Gainey
City Clerk
(352) 334-5015**