

AFFIDAVIT OF UNDUE BURDEN
(Section 99.097(4), Florida Statutes)

17 MAY 30 PM 1:17

IMPORTANT: (1) Paying signature gatherers will preclude or invalidate the filing of an undue burden oath. Section 99.097(6), Florida Statutes, provides: (a) If any person is paid to solicit signatures on a petition, an undue burden oath may not subsequently be filed in lieu of paying the fee to have signatures verified for that petition. (b) If an undue burden oath has been filed and payment is subsequently made to any person to solicit signatures on a petition, the undue burden oath is no longer valid and a fee for all signatures previously submitted to the supervisor of elections and any submitted thereafter shall be paid by the candidate, person, or organization that submitted the undue burden oath. If contributions as defined in s. 106.011 are received, any monetary contributions must first be used to reimburse the supervisor of elections for any signature verification fees that were not paid because of the filing of the undue burden oath. [Note: The second sentence in (b) applies only when payment is made to a signature gatherer after an undue burden oath had been filed.]

(2) Upon a candidate terminating the campaign, any candidate who qualified by the petition process and who has surplus funds, must first apply the surplus funds to the reimbursement of the signature verification fee (if applicable) and thereafter to the election assessment. See s. 106.141(6), Florida Statutes.

I certify under oath that I intend to qualify as a candidate for the office of Alachua County Commission District 4 and that I am unable to pay the fee for verification of petition signatures for that office without imposing an undue burden on my personal resources or on resources otherwise available to me.

X Donald E Shepherd Sr.
Signature of Candidate

DONALD E Shepherd Sr.
Print Candidate's Name

5512 N.E. 28 Court
Address

Gainesville
City

Florida
State

32609
Zip

(352) 371-9380
Telephone Number

State of Florida

County of ALACHUA

Sworn to (or affirmed) and subscribed before me this 30th day of MAY, 20 17
by _____.

Personally Known: _____ or

Produced Identification: FLDLN
5163185543290

Type of Identification Produced: _____

Charles H Turner
Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of
Notary Public



CHARLES H. TURNER
MY COMMISSION # FF 169280
EXPIRES: November 19, 2018
Bonded Thru Budget Notary Services