



TOMMY DOYLE
Supervisor of Elections

(239) LEE-VOTE (533-8683)
WWW.LEE.VOTE

Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, FL 33901 • PO Box 2545, Fort Myers, FL 33902

August 20, 2024, Primary Election Attestation to Access Ballot Materials or Observe Ballot Duplication

**Complete, sign, and email this form to SOEAccess@lee.vote 48 business hours in advance.
An access request is not approved until the Supervisor of Elections confirms via email.**

This form becomes a public record once submitted to the Supervisor of Elections.

Per Sections 101.5614(4)(a) and 101.572(2), Florida Statutes, only authorized persons or their authorized representative designees can request access to review or inspect ballot materials or observe ballot duplication. An access request is not approved until the requesting entity has received a confirmation email from the Supervisor of Elections. Once access is approved by the Supervisor of Elections, it is not necessary to submit another attestation form for the August 20, 2024, Primary Election.

Attestation. Per Sections 101.111(2), 101.5614(8), and 101.68(2)(a), Florida Statutes, by signing and submitting this form, a candidate, a political party official, a political committee official, or an authorized representative designee thereof, indicated by each person's signature hereupon, acknowledges that if they release any information about the results of a canvassing or processing of vote-by-mail ballots, votes cast for or against any candidate or ballot measure, disclosure of election results discerned from observing the ballot duplication process, or any results of any election before the closing of the polls on Election Day, commits a felony of the third degree, punishable as provided in Sections 775.082, 775.083, or 775.084, Florida Statutes, and they further acknowledge that filing a frivolous challenge of any person's right to vote, constitutes committing a misdemeanor of the first degree, punishable as provided in Sections 775.082 or 775.083, Florida Statutes, and that each frivolous challenge of any person's right to vote constitutes a separate offense.

I swear or affirm that I am authorized by Section 101.5614(4)(a) and 101.572(2), Florida Statutes, to request access to review or inspect ballot materials or observe ballot duplication.

PLEASE COMPLETE THE SECTIONS BELOW AS APPLICABLE

| Requesting Entity Category | Type of Access Requested |
|--|--|
| <input type="checkbox"/> Candidate <input type="checkbox"/> Political Party Official <input type="checkbox"/> Political Committee Official | <input type="checkbox"/> Review Ballot Materials <input type="checkbox"/> Observe Ballot Duplication <input type="checkbox"/> Both Types of Access |

CANDIDATE REQUEST - PLEASE PRINT ALL INFORMATION

| | | | |
|----------------------------------|------------------|--|---------------------|
| Candidate Name: | | | |
| Office Sought: | | | |
| Candidate Filed for Office with: | Location: | | |
| Email Address and Phone Number: | Email: | | Phone: |
| Signature of Candidate | X | | Date Signed: |

POLITICAL PARTY OR POLITICAL COMMITTEE REQUEST – PLEASE PRINT ALL INFORMATION

| | | | |
|--|------------------|--|---------------------|
| Political Party, or Political Committee Name: | | | |
| Political Party or Political Committee Registered with: | Location: | | |
| Official Position (<i>Chairperson, Treasurer, etc.</i>): | | | |
| Email Address and Phone Number: | Email: | | Phone: |
| Signature of Party or Committee Official | X | | Date Signed: |

**IF DESIGNATING A REPRESENTATIVE, THE SECTION BELOW MUST BE COMPLETED.
ATTACH ADDITIONAL FULLY COMPLETED AND SIGNED SHEETS IF NECESSARY.
A REQUESTING ENTITY MUST ALSO COMPLETE THE APPLICABLE PORTION ABOVE.**

REGARDLESS OF THE NUMBER OF REPRESENTATIVE DESIGNEES, A REQUESTING ENTITY SUBMITS, ONLY ONE PERSON ON BEHALF OF A CANDIDATE, POLITICAL PARTY, OR POLITICAL COMMITTEE IS PERMITTED ACCESS.

I ALSO DESIGNATE THE REPRESENTATIVE LISTED BELOW TO ACT ON MY BEHALF.

REPRESENTATIVE DESIGNEE INFORMATION - PLEASE PRINT ALL INFORMATION

| | | | |
|--|---------------|--|---------------------|
| Name of Representative Designee: | | | |
| Email Address and Phone Number: | Email: | | Phone: |
| Requesting Entity's Signature | X | | Date Signed: |
| Representative Designee's Signature | X | | Date Signed: |