



UNDUE BURDEN STATEMENT



BAY COUNTY SUPERVISOR OF ELECTIONS

Mark Andersen

205 Mosley Drive, Lynn Haven, FL 32444

(850) 784-6100 FAX (850) 784-6141 E-mail: baysuper@bayvotes.org

THIS FORM IS USED IF THE CANDIDATE DETERMINES THAT PAYING FOR VERIFICATION OF SIGNATURES ON PETITIONS WOULD IMPOSE AN UNDUE BURDEN ON THE PERSONAL RESOURCES OR UPON THE RESOURCES OTHERWISE AVAILABLE TO THE CANDIDATE.

I (print candidate name): DIANE C. BROWN state that, in accordance with F.S. §99.097(4) the 10 cent verification fee per petition would impose an undue burden on my personal resources or upon resources otherwise available to me at this time. I request this be accepted as my written certification of such inability, given by me under oath, to the Bay County Supervisor of Elections, entitling me to have my petition signatures verified at no charge.

Candidate Signature *Diane C Brown* Date 4/17/08

Bay County Supervisor of Elections Office Acknowledgement of Request

I have received the request listed above and place the candidate in an undue burden status as requested by the candidate.

Cindy Messer Date 4/17/08
Signature (Supervisor of Elections or Staff Deputy)



RECEIVED

