

UNDUE BURDEN OATH: FILING FEE

I, _____ DO HEREBY AFFIRM THAT I AM SEEKING TO RUN FOR THE OFFICE OF COMMISSIONER (GROUP II/GROUP III); FURTHER AFFIRMING THAT I AM UNABLE TO PAY THE FILING FEE IN THE AMOUNT OF \$200.00, WITHOUT IMPOSING AN UNDUE BURDEN ON PERSONAL APPEARANCES, OR ON RESOURCES OTHERWISE PROVIDED TO ME; THEREFORE, I RESPECTFULLY REQUEST AN EXEMPTION FROM PAYMENT OF SAID QUALIFYING FEE.

ACKNOWLEDGED AND AGREED:

(Signed)

(Date)

State of Florida
County of Miami Dade

Sworn to and subscribed before me this _____ day of _____ 2009

Personally known _____

Or Produced Identification _____ Notary Public – State of Florida

(Type of Identification) My commission expires _____

*(Printed, typed, or stamped
Commission Name of Notary Public)*