

**ACQUISITION OF LIST OF ABSENTEE VOTERS**

**Name** \_\_\_\_\_

\_\_\_\_\_ **Candidate (office)** \_\_\_\_\_

\_\_\_\_\_ **Elected Official (office)** \_\_\_\_\_

\_\_\_\_\_ **Municipality** \_\_\_\_\_

\_\_\_\_\_ **Political Party** \_\_\_\_\_

\_\_\_\_\_ **Political Committee** \_\_\_\_\_

This oath must be signed by the person authorized to acquire a list before a public notary or a deputy supervisor of elections and must be submitted to the Elections Department before or at the time the order is released.

**OATH**

I hereby swear or affirm that I am a person authorized by Section 101.62 (3), Florida Statutes, to acquire information on absentee voters of Gadsden County, Florida; that the information acquired will be used only for the purposes prescribed in that section and for no other purpose; and that I will not permit the use or copying of such information by persons not authorized by the Election Code of the State of Florida.

Subscribed and sworn (or affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

by \_\_\_\_\_, who \_\_\_\_\_ is personally known to me or  
Name of person acquiring list (please print)

\_\_\_\_\_ has produced the following: \_\_\_\_\_

\_\_\_\_\_  
Signature of person acquiring list

\_\_\_\_\_  
Signature of person or Deputy Supervisor administering oath

Notary Seal

\_\_\_\_\_  
Print name and title of person administering oath

**GADSDEN COUNTY SUPERVISOR OF ELECTIONS**  
**16 South Madison St., Quincy, Florida 32351, P. O. Box 186, Quincy, Florida 32353**  
**(850) 627-9910**