

ALTERNATIVE METHOD AFFIDAVIT

SECTION 99.095 FLORIDA STATUTES

FS 106.141(6)

Prior to disposing of funds pursuant to subsection (4), or transferring funds into an office account pursuant to subsection (5), any candidate who filed an oath, stating that he was unable to pay the election assessment or fee for verification of petition signatures, without imposing an undue burden on his personal resources or on resources otherwise available to him, or who filed both such oaths, or who qualified by the alternative method and was not required to pay an election assessment, shall reimburse the state or local governmental entity, whichever is applicable, for such waived assessment or fee or both. Such reimbursement shall be made first for the cost of petition verification and then, if funds are remaining, for the amount of the election assessment. If there are insufficient funds in the account to pay the full amount of either the assessment or the fee or both, the remaining funds shall be disbursed in the above manner until no funds remain. All funds disbursed pursuant to this subsection shall be remitted to the qualifying officer. Any reimbursement for petition verification costs which are reimbursable by the state shall be forwarded by the qualifying officer to the state for deposit in the General Revenue Fund. All reimbursements for the amount of the election assessment shall be forwarded by the qualifying officer to the Department of State for deposit in the Elections Commission Trust Fund.

PLEASE PRINT OR TYPE

I certify that I intend to qualify by the alternative method as a candidate for the office of:

Co. Comm. DIST 4

(include district or circuit and group or seat numbers)

as a:

Partisan Candidate, Member of the DEMOCRATIC Party

No Party Affiliation Candidate (formerly independent)

Nonpartisan Candidate (includes judicial offices)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE

4-29-04

DATE

BOWLES, CLYDE JR
17021 CAROLYN LN
NORTH FORT MYERS FL 33917

81-000567

Clyde Bowles

SIGNATURE OF CANDIDATE

CITY

STATE

ZIPCODE

DAY PHONE

543-2997

FAX NUMBER

RECEIVED
2004 APR 29 PM 12:11
SUPERIOR OF ELECTIONS

V.A.F. 4/29/04

UNIVERSAL AFFIRMATION

DATE 4-29-04 VOTER REGISTRATION # 81-000567

CURRENT NAME: _____

81-000567

BOWLES, CLYDE JR
17021 CAROLYN LN
NORTH FORT MYERS FL 33917

NAME CHANGE FROM _____

CURRENT ADDRESS AND ZIP: _____

MAILING ADDRESS (IF DIFFERENT): _____

SS # _____ PHONE# _____ DOB _____

PARTY CHANGE: DEM X REP _____ NONE _____ OTHER _____

REQUEST FOR NEW CARD OR REPLACE DAMAGED CARD
I HAVE LOST MY VOTER CARD AND HAVE NOT WILLFULLY SOLD, DESTROYED, NOR BARTERED IT.

I FURTHER SWEAR (OR AFFIRM) THAT I AM OTHERWISE LEGALLY REGISTERED AND ENTITLED TO VOTE.

x Clyde Bowles