REQUEST TO REVIEW BALLOT MATERIALS AND AFFIDAVIT

(pursuant to 101.572 F.S. & 101.5614 F.S.)

General Election – November 3, 2026

Gertrude Walker
Supervisor of Elections
St. Lucie County
4132 Okeechobee Road • Fort Pierce, FL 34947-5412 • (772) 462-1500 • Fax (772) 462-1439

Pursuant to §101.572(2), F.S., a candidate, a political party official, or a political committee official, or an authorized designee thereof, shall be granted reasonable access upon request to review or inspect ballot materials before canvassing or tabulation. Pursuant to §101.5614(4)(a), F.S., upon request, a physically present candidate, a political party official, a political committee official, or an authorized designee thereof, must be allowed to observe the duplication of ballots upon signing an affidavit affirming his or her acknowledgment that disclosure of election results discerned from observing the ballot duplication process while the election is ongoing is a felony, as provided under §101.5614(8), F.S. For access to review or inspect ballot materials, submit the completed form to the Supervisor of Elections Office located at 4132 Okeechobee Road, Fort Pierce, FL 34947, or by email to elections@stlucievotes.gov, 48 hours prior to the start of the selected meeting date(s).

NAME:_____ **EMAIL:**_____ **PHONE:**_____

CHECK APPLICABLE CATEGORY:

☐ **Candidate** ☐ **Political Party Official** Party Name/Position: _____ ☐ **Political Committee Official** Political Committee Name/Position: _____

AUTHORIZED DESIGNEE (complete only if applicable): If applicable, I also designate the representative listed below to act on my behalf to review or inspect the ballot materials.

* If there is more than one authorized designee, please fill out a form for each authorized designee. Please determine who from your organization will represent you during each appointment time slot. Only one individual per candidate, political party official, or political committee official will be confirmed for an appointment time slot. That means that if more than one person from a committee signs up for the same time slot, we will not confirm either of the appointment requests. Only those who receive an appointment confirmation will be permitted to participate.

AUTHORIZED DESIGNEE NAME:_____ **EMAIL:**_____ **PHONE:**_____

ACCESS REQUESTED FOR (select which date(s) you *OR* your authorized designee are requesting to attend):

VBM Certificate and Signature Comparison‡	Who will attend (only select one per date)	Duplication of Ballots	Who will attend (only select one per date)
☐ 10/16/26; 7:00 am - 8:00 am	☐ I will attend; ***OR*** ☐ Authorized Designee will attend	☐ 10/16/26; during the Canvassing Board Meeting which begins at 8:00 am	☐ I will attend; ***OR*** ☐ Authorized Designee will attend
☐ 10/21/26; 7:00 am - 8:00 am	☐ I will attend; ***OR*** ☐ Authorized Designee will attend	☐ 10/21/26; during the Canvassing Board Meeting which begins at 8:00 am	☐ I will attend; ***OR*** ☐ Authorized Designee will attend
☐ 10/26/26; 7:00 am - 8:00 am	☐ I will attend; ***OR*** ☐ Authorized Designee will attend	☐ 10/28/26; during the Canvassing Board Meeting which begins at 8:00 am	☐ I will attend; ***OR*** ☐ Authorized Designee will attend
☐ 10/28/26; 7:00 am - 8:00 am	☐ I will attend; ***OR*** ☐ Authorized Designee will attend	☐ 10/28/26; during the Canvassing Board Meeting which begins at 8:00 am	☐ I will attend; ***OR*** ☐ Authorized Designee will attend
☐ 10/31/26; 7:00 am - 8:00 am	☐ I will attend; ***OR*** ☐ Authorized Designee will attend	☐ 10/31/26; during the Canvassing Board Meeting which begins at 8:00 am	☐ I will attend; ***OR*** ☐ Authorized Designee will attend
☐ 11/3/26; 3:00 pm - 4:00 pm	☐ I will attend; ***OR*** ☐ Authorized Designee will attend	☐ 11/3/26; during the Canvassing Board Meeting which begins at 4:00 pm	☐ I will attend; ***OR*** ☐ Authorized Designee will attend
☐ 11/5/26; 3:00 pm – 4:00 pm	☐ I will attend; ***OR*** ☐ Authorized Designee will attend	☐ 11/5/26e; during the Canvassing Board Meeting which begins at 4:00 pm	☐ I will attend; ***OR*** ☐ Authorized Designee will attend
☐ 11/13/26; 3:00 pm – 4:00 pm	☐ I will attend; ***OR*** ☐ Authorized Designee will attend	☐ 11/13/26; during the Canvassing Board Meeting which begins at 4:00 pm	☐ I will attend; ***OR*** ☐ Authorized Designee will attend

‡ PLEASE NOTE: Public review and inspection of voter certificates on vote-by-mail envelopes will occur on each of the above listed dates for the first half-hour; signature verification will occur on each of the above listed dates for the second half-hour. Public review and inspection of cure affidavits and other documents will occur on each of the above listed dates for the entire hour.

I hereby swear or affirm that I am a person authorized by Sections 101.572(2) and 101.5614(4)(a), Florida Statutes, to review or inspect the ballot materials requested above and affirm my acknowledgment that disclosure of election results discerned from observing the ballot duplication process while the election is ongoing is a felony as provided under 101.5614(8), Florida Statutes.

Signature:_____ Date: _____
(Candidate, Political Party Official, or Political Committee Official)

Signature:_____ Date: _____
(Authorized Designee of Candidate or Official if applicable)

For Official Use Only - Date and Time Received: _____