

OSCEOLA COUNTY SUPERVISOR OF ELECTIONS

Request for Public Inspection of Vote by Mail Materials 2024 Presidential Preference Primary

I affirm that I am a person authorized by Section F.S. 101.572(2), to request to review Vote by Mail Ballot materials. Please select a category that applies.

	□ Candidate				Specify Vote By Mail materials to be reviewed:			
				Material:				
				Date of Material:				
Mak	ce only one selection:							
Mar	ch 15, 2024							
O	9:00 - 9:30	O	11:00 - 11:30	•	2:00 - 2:30			
O	10:00 - 10:30	0	1:00 - 1:30	O	3:00 - 3:30			
<u>R</u>	equestor's Informa	<u>atio</u>	<u>n:</u>					
First Name:				Last Name:				
Title/Officer:				Name of Party or Committee:				
Ad	ddress:							
Email:				Phone Number:				
X_								
Signature of Person Requesting Information					Date			
I authorize the following person to act on my behalf:								
First Name:				Last Name:				
Email:				Phone Number:				

Please submit complete form to:

Caitlin Germaine, MFCEP Support Services Manager Osceola County Supervisor of Elections 2509 E Irlo Bronson Memorial Hwy. Kissimmee, FL 34744 caitlin.germaine@voteosceola.gov