

Note: This form becomes a public record upon its filing.

**SUPERVISORS OF ELECTIONS' ACCOUNTING OF
THIRD-PARTY VOTER REGISTRATION ORGANIZATION'S
VOTER REGISTRATION APPLICATIONS**

(SECTION 97.0575, FLORIDA STATUTES)

1. This form represents an accounting of voter registration applications provided to and received from the third-party voter registrations organizations indicated below during the day of: _____, _____, 20____. Page ____ of ____ pages.
(month) (day) (yr)

NOTE: The form is due no later than noon daily and must be filed either as a pdf attachment in an email to 3PVRO@dos.state.fl.us or by transmission to the Division of Election's facsimile machine at 850-245-6291. If the supervisor's office is closed on the day the form is due, the supervisor shall submit the form on the next day the office is open.

2. Check, if applicable: ☐ No voter registrations applications were provided or received to any third-party voter registration organization.
(Skip to Box 6, if checked.)

3. Third-party voter registration identification number: 3P _____

a. Number of voter registration applications provided:

State forms: _____ Federal forms: _____

b. Number of voter registration applications received:

State forms (blank): _____ State forms (non-blank): _____

Federal forms (blank): _____ Federal forms (non-blank): _____

4. Third-party voter registration identification number: 3P _____

a. Number of voter registration applications provided:

State forms: _____ Federal forms: _____

b. Number of voter registration applications received:

State forms (blank): _____ State forms (non-blank): _____

Federal forms (blank): _____ Federal forms (non-blank): _____

5. Third-party voter registration identification number: 3P _____

a. Number of voter registration applications provided:

State forms: _____ Federal forms: _____

b. Number of voter registration applications received:

State forms (blank): _____ State forms (non-blank): _____

Federal forms (blank): _____ Federal forms (non-blank): _____

6. Supervisor of Elections Office for: _____ **County:** _____

Name of Person Completing Form

Signature

Date

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