

## ADDITIONAL COMPLAINT INFORMATION

Case Number: FEC <case #>

Pursuant to Rule 2B-1.0025, Florida Administrative Code, if you have additional information to correct the ground(s) of legal insufficiency stated in the attached letter, please explain in a concise narrative statement. Attach the statement and any relevant documentation to this form:

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I swear or affirm that the information in the attached statement is true and correct to the best of my knowledge.

\_\_\_\_\_  
Original Signature of Person Bringing Complaint

Sworn to and subscribed before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Signature of Officer Authorized to Administer Oaths or Notary Public

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ Or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

***Any person who files a complaint while knowing that the allegations are false or without merit commits a misdemeanor of the first degree, punishable as provided in Sections 775.082 and 775.083, Florida Statutes.***