

Alternative Method Affidavit

(Please Type)

I certify that I intend to qualify by the alternative method as a candidate for the office of Orlando City Commissioner District 5
(include district, circuit, group or seat numbers)

as a:

Partisan Candidate, Member of the _____ 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.

Ezell Harris

Print Name of Candidate

Ezell Harris 10-2-09
Signature of Candidate

804 W. Concord Street

Residence Address (do not use post office box)

Orlando Florida 32805

City State Zip Code

(407) 716-3617

Day Phone

(407) 487-1528

Fax Number