

Alternative Method Affidavit

(Please Type)

OFFICE USE ONLY

2005 OCT 10 PM 2:30

I certify that I intend to qualify by the alternative method as a candidate for

the office of ORLANDO CITY COUNCIL (DIST. 3)
(include district, circuit, group or seat numbers)

as a:

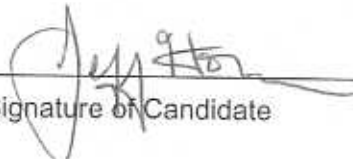
Partisan Candidate, Member of the _____
Party

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.

JEFF HORN
Print Name of Candidate


Signature of Candidate

1219 W SMITH ST
Residence Address (do not use post office box)

ORLANDO FL 32804
City State Zip Code

(407) 999-9059
Day Phone

()
Fax Number

2005 OCT 10 PM 2:28

**AFFIDAVIT
OF
UNDUE BURDEN
FOR MUNICIPAL CANDIDATES**
(Section 21.07-1 Code of the City of Orlando, Florida and Section 99.093 Florida Statutes)

I, JEFF HORN, swear
(or affirm) under oath that I intend to qualify as a candidate for the office of
ORLANDO CITY COUNCIL (DIST. 3)
and that I am unable to pay the 2% City or the 1% State election assessment fee for that
office without imposing an undue burden on my personal resources or on resources
otherwise available to me.

Jeff Horn
Signature of Candidate

Print Name: JEFF HORN

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to and subscribed before me this 10th day of October 2005.

Rosemary Cople
(Signature of Notary Public)



My Commission DD133245
Expires July 11, 2006

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

Personally Known or Produced Identification

Type of Identification Produced _____