

Alternative Method Affidavit

(Please Type)

OFFICE USE ONLY

2007 JUL 30 PM 3:49

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

the office of City Commissioner District # TWO

(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.

David W. Blackwood

Print Name of Candidate

David W. Blackwood

Signature of Candidate

5162 Tellson Place

Residence Address (do not use post office box)

Orlando

City

Florida

State

32812

Zip Code

(321) 299-2428

Day Phone

() N/A

Fax Number