

Alternative Method Affidavit

(Please Type)

OFFICE USE ONLY

2007 JUL 30 PM 12:12

I certify that I intend to qualify by the alternative method as a candidate for the office of ORLANDO CITY COUNCIL DISTRICT 4

(include district, circuit, group or seat numbers)

as a:

Partisan Candidate, Member of the _____ Party

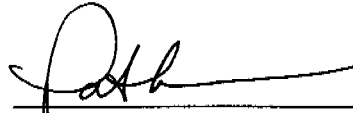
No Party Affiliation Candidate (formerly independent)

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.

PATTY SHEEHAN

Print Name of Candidate



Signature of Candidate

1213 MINNESOTA STREET

Residence Address (do not use post office box)

ORLANDO

FL

32803

City

State

Zip Code

(407) 246-2004

Day Phone

(407) 895-7296

Fax Number (ALL FIRST)

1910

1

1910