

Alternative Method Affidavit

(Please Type)

OFFICE USE ONLY

2007 AUG 14 09:22

I certify that I intend to qualify by the alternative method as a candidate for the office of COMMISSIONER DIST. 2
(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.

ANTONIO L. ORTIZ

Print Name of Candidate

Antonio L. Ortiz

Signature of Candidate

1621 E. Hillcrest St

Residence Address (do not use post office box)

ORL.

City

FL

State

32803

Zip Code

(407) 282-2209

Day Phone

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Fax Number