

# Alternative Method Affidavit

(Please Type)

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

as a:

Partisan Candidate, Member of the \_\_\_\_\_ Party

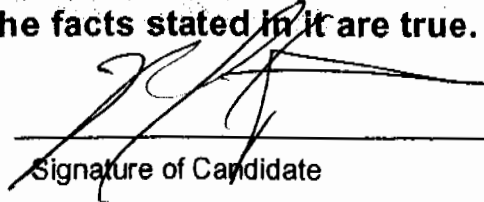
No Party Affiliation Candidate (*formerly independent*)

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.**

VIBERT WHITE

Print Name of Candidate



Signature of Candidate

825 W. Washington

Residence Address (do not use post office box)

Orlando

City

FL

State

32807

Zip Code

(407) 953-0170

Day Phone

(407) 953-0170

Fax Number