

AFFIDAVIT OF FINANCIAL HARDSHIP

(Section 99.093(2), Florida Statutes)

I, Betty Gelzer, a candidate for the office of
Print Name

Orlando City Commissioner, District 5 do hereby certify, pursuant

to Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of
\$ 580.01 to qualify for nomination or election to public office because paying the

assessment would be an undue burden on my personal financial resources or on the financial

resources available to me. Under penalty of perjury, I declare that I have read the foregoing and

that it is a true and correct statement.

May 26, 2017
Date

Betty Gelzer
Signature of Candidate

Address: 815 Hills Street

City: Orlando State: FL Zip: 32805

Sworn to (or affirmed) and subscribed before me this 26 day of May
, 20 17 by BETTY GELZER

[Signature]
Signature of Notary Public – State of Florida



Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known _____ or Produced Identification

Type of Identification Produced FLDL

Received by:

Name: _____

Telephone: _____

City: _____

Date of Election: _____

Remit within 30 days of close of qualifying to:
Florida Elections Commission
107 West Gaines Street, Suite 224
Tallahassee, Florida 32399
Telephone: 850.922.4539 Fax: 850.921.0783