

AFFIDAVIT OF FINANCIAL HARDSHIP
(Section 99.093(2), Florida Statutes)

ORL CITY CLERK

AUG 2 17 PM 1:52

I, JIBREEL RAHMAN ALI, a candidate for the office of
Print Name
DISTRICT 5 Commissioner 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.

8/2/17
Date

Jibreel R Ali
Signature of Candidate

Address: 1327 W. Concord

City: ORLANDO State: FL Zip: 32805

Sworn to (or affirmed) and subscribed before me this 2 day of AUGUST
, 20 17 by JIBREEL ALI

Denise Holdridge
Signature of Notary Public - State of Florida



Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known _____ or Produced Identification X

Type of Identification Produced FL DRIVER'S LICENSE

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