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Alternative Method Affidavit

(Please Type)

I certify that I intend to qualify by the alternative method as a candidate for the office of Orlando 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.

Betty Gelzer

Print Name of Candidate

Betty Gelzer

Signature of Candidate

815 Hills Street

Residence Address (do not use post office box)

Orlando

FL

32805

City

State

Zip Code

(407) 283-3565

Day Phone

(407) 841-4038

Fax Number