

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.

Ericka Dunlap

Print Name of Candidate

Ericka Dunlap

Signature of Candidate

1136 Martin L. King Dr.

Residence Address (do not use post office box)

Orlando

City

FL

State

32805

Zip Code

(407) 985-2809

Day Phone

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Fax Number