

Alternative Method Affidavit

JUN 5 '17 PM 4:32

(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.

Sarah Elbadri

Print Name of Candidate

S. Elbadri

Signature of Candidate

335 N. Magnolia Ave #1509

Residence Address (do not use post office box)

Orlando

City

FL

State

32801

Zip Code

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Day Phone

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Fax Number