

Alternative Method Affidavit

(Please Type)

I certify that I intend to qualify by the alternative method as a candidate for the office of District 5 City Commissioner
(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.

Regina Hill
Print Name of Candidate

[Signature]
Signature of Candidate

5453 Timberleaf Blvd Orlando, FL 32811
Residence Address (do not use post office box)

Orlando FL 32811
City State Zip Code

(407) 497-0318
Day Phone

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Fax Number