

### Alternative Method Affidavit

(Please Type)

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

Darryl B. Sheppard

Print Name of Candidate

[Signature]

Signature of Candidate

777 N. Orange Ave Apt # 820

Residence Address (do not use post office box)

Orlando Fl 32801

City

State

Zip Code

(407) 627-8400

Day Phone

( )

Fax Number