

Alternative Method Affidavit

(Please Type)

ORL CITY CLERK

JUN7'17 PM3:38

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

825 West Washington Street

Residence Address (do not use post office box)

Orlando

City

Florida

State

32805

Zip Code

(407) 283-3565 or
(407) 953-5599

Day Phone

(407) 841-4038

Fax Number