

### Alternative Method Affidavit

(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.**

Cynthia Harris  
Print Name of Candidate

  
Signature of Candidate

12 Channing Avenue  
Residence Address (do not use post office box)

Orlando                      Florida                      32811  
City                                      State                                      Zip Code

(407) 502-7732  
Day Phone

( )  
Fax Number