

Council Residency Affidavit

State of Florida
County of Marion

Before me, an officer authorized to administer oaths, personally appeared
* _____ to me well known,
who, being sworn, says that he or she is a candidate for the office of City Council,
District ____; that he or she is a qualified voter of the City of Ocala, Marion County,
Florida; that he or she is qualified under the Constitution and the laws of Florida and the
City Charter of the City of Ocala to hold the office of council member for that district;
that he or she is a resident of the City of Ocala currently and shall have been a resident of
the City of Ocala for not less than one (1) year prior to his or her election to office and
that he or she is currently a resident of the district for which election is sought.

Signature

Address

The foregoing Council Residency Affidavit was sworn to and subscribed before me on this
_____ day of _____, 2019 by _____ who is
personally known to me or who has produced a driver's license, and who did take an oath.

Notary Public, State of Florida At Large
My Commission Expires:

* Please print name as you wish it to appear on the ballot