City of Panama City

Affidavit of Residency







STATE OF FLORIDA **COUNTY OF BAY**

| _{I,} Lynne Schneider | , being duly sworn, depose |
|--|--|
| (Print Name) | |
| and say that I hereby declare and assert my candidacy for the office | |
| of Mayor (Print Office sought and Ward Number if applicable) | _for the city of Panama City, Florida. |
| I further depose and say that I am legally qualified to be a content of Mayor (Print Office sought and Ward Number if applicable) | |
| is legally eligible to vote in City Elections. I also depose an | nd say that I have reside not less than |
| six continuous months immediately preceding the first office | cial date to qualify for elective office |
| in the City Of Panama City at: 236 Wilson Avenue | |
| (Print Street Address) | |

Signature of Candidate