City of Panama City





Affidavit of Residency

STATE OF FLORIDA COUNTY OF BAY

I, JU	na Hin (Print Nan	+ Ha	ligas,	, being duly swo	rn, depose
	•	. ,			
and say that I	hereby declare and	l assert my can	didacy for th	e office	
of	ard I			for the city of Pa	nama City, Florida.
(Print Of	fice sought and Wa	rd Number if a	applicable)		
I further depo	se and say that I am	legally qualif	ied to be a ca	ndidate for elect	ion to the office
of_ \	lard 1			and that I am a re	egistered voter, who
(Print Of	fice sought and Wa	rd Number if	applicable)		
is legally eligi	ble to vote in City l	Elections. I al	so depose and	d say that I have	reside not less than
six continuou	s months immediate	ely preceding t	he first offici	al date to qualify	for elective office
in the City Of	Panama City at: _	1) 7 (I	- S. Co	ove Terro	ree Dr.

Signature of Candidate