

Election Center

981 NE 16th ST • Ocala, FL 34470

- M PO Box 289 Ocala, FL 34478-0289
- P 352-620-3290
- F 352-620-3286
- W www.VoteMarion.Gov

Residency Affidavit

l,	<u>Billy Woods,</u>	state that I am a candidate for
(please mark appropriate box below);		
The office of Sheriff; that I am qualified as an elector in the State of Florida and will maintain continuous		
residency in Florida throughout my term of office.		
The office of County Commission; that I am qualified as an elector in the State of Florida; and that at the time		
of election will	reside in <u>County Commission Dist</u>	rict #as affirmed on my voter registration record as my
legal residence	and will maintain continuous resi	idency in the district I represent throughout my term of office.
The office of School Board; that I am qualified as an elector in the State of Florida; and that at the time of		
qualifying will re	eside in <u>School Board District #</u> _	as affirmed on my voter registration record as my legal
residence and v	vill maintain continuous residency	y in the district I represent throughout my term of office.
The office of		(please fill in title of office); that I am
qualified as an elector in the State of Florida; and that at the time of assuming office will reside in Marion County;		
and will maintain continuous residency in Marion County throughout my term of office.		
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Candidate Signature and Date

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