

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,	Allison Campbell,	state that I am a candidate for
(please mark appropr	iate 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 th	roughout my term of office.	
The office of Count	ty Commission; that I am qualified as an	elector in the State of Florida; and that at the time
of election will reside	in County Commission District #	as affirmed on my voter registration record as my
legal residence and wi	ll maintain continuous residency in the o	district I represent throughout my term of office.
igthered The office of School	ol Board; that I am qualified as an electo	r in the State of Florida; and that at the time of
qualifying will reside in	n <u>School Board District #</u> <u>1</u> as aff	irmed on my voter registration record as my legal
residence and will mai	ntain continuous residency in the distric	t I represent throughout my term of office.
The <u>office of</u>		(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.		
Solipud	ate Signature and Date	

SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

2020 JUN -8 PMI2: 16

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