## **Election Center**

981 NE 16th ST • Ocala, FL 34470

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

## **Residency Affidavit**

I,	<u>Lori Conrad,</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>Co</u>	ounty Commission District #	as affirmed on my voter registration record as my	
legal residence and will ma	aintain continuous residency ii	n 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 reside in <u>Scl</u>	hool Board District # 1	as affirmed on my voter registration record as my legal	
residence and will maintain continuous residency 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.			

andidate Signature and Date

SPERVISOR OF ELECTIONS TARGOT.

2020 JUN -8 PM 12: 17

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2020 JUN -5 AM IO: 19

JUPERVISOR OF ELECTION
TAXBION COUNTY FI REION

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