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,	Bobby D. Dobkowski,	state that I am a candidate for
(please mark approp	priate box below);	
☐ The office of She	riff; that I am qualified as an elector	r in the State of Florida and will maintain continuous
residency in Florida t	chroughout my term of office.	
☐ The office of Cou	nty Commissioners; that I am qualif	fied as an elector in the State of Florida; and that at the tim
of election will reside	e in County Commission District # 3	as affirmed on my voter registration record as my
legal residence and v	will maintain continuous residency in	in the district I represent throughout my term of office.
☐ The office of <u>Sch</u>	ool Board; that I am qualified as an o	elector in the State of Florida; and that at the time of
qualifying will reside	in <u>School Board District #</u>	as affirmed on my voter registration record as my legal
residence and will m	aintain 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	or in the State of Florida; and that at	t the time of assuming office will reside in Marion County;
and will maintain co	ntinuous residency in Marion Count	ty throughout my term of office.
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Candidate Signature and Date

JUPERVISOR OF ELECTION