2021 JUL 15 A II: 13

CITY OF OCALA, PLORIDA CITY CLERK

Council Residency Affidavit

State of Florida County of Marion Before me, an officer authorized to administer oaths, personally appeared MALEVER to me well known, who, being sworn, says that he or she is a candidate for the office of City Council, District ______; that he or she is a qualified voter of the City of Ocala, Marion County, Florida; that he or she is qualified under the Constitution and the laws of Florida and the City Charter of the City of Ocala to hold the office of council member for that district; that he or she is a resident of the City of Ocala currently and shall have been a resident of the City of Ocala for not less than one (1) year prior to his or her election to office and that he or she is currently a resident of the district for which election is sought. Signature The foregoing Council Residency Affidavit was sworn to and subscribed before me by means of \mathbf{X} physical presence or ___ online notarization on this ___15__ known to me or who has produced a driver's license, and who did take an oath. Notary Public, State of Florida At Large

My Commission Expires:

* Please print name as you wish it to appear on the ballot

