JOSEPH W. TOSCANO
Commission # HH 101193
Expires March 20, 2025
Bonded Thru Troy Fain Insurance 800-385-7019

Mayor Residency Affidavit

| State of Florida County of Marion |
|---|
| Before me, an officer authorized to administer oaths, personally appeared * Ben Marcians to me well known, |
| who, being sworn, says that he or she is a candidate for the office of Mayor; that he or she is a qualified elector 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 mayor and 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. |
| Signature |
| 565 SE 43 TU St. Ocala, f. 1. 3447 Address |
| The foregoing Mayor Residency Affidavit was sworn to and subscribed before me by means of physical presence or online notarization on this day of who is personally 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