

Alternative Method Affidavit

(Please Type)

OFFICE USE ONLY

I certify that I intend to qualify by the alternative method as a candidate for the office of _____

(include district, circuit, group or seat numbers)

as a:

Partisan Candidate, Member of the _____ Party

No Party Affiliation Candidate (*formerly independent*)

Nonpartisan Candidate (*includes judicial offices*)

Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Print Name of Candidate

Signature of Candidate

Residence Address (do not use post office box)

City

State

Zip Code

() _____
Day Phone

() _____
Fax Number