

**Alternative Method Affidavit**

(Please Type)

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