City of Panama City

Affidavit of Residency

STATE OF FLORIDA COUNTY OF BAY

I,(Print Name)	_, being duly sworn, depose
and say that I hereby declare and assert my candidacy for t	the office
of(Print Office sought and Ward Number if applicable)	_for the city of Panama City, Florida.
I further depose and say that I am legally qualified to be a c	candidate for election to the office
of(Print Office sought and Ward Number if applicable)	and that I am a registered voter, who
is legally eligible to vote in City Elections. I also depose a	and say that I have reside not less than
six continuous months immediately preceding the first office	cial date to qualify for elective office
in the City Of Panama City at:(Print Street	Address)
Signati	ure of Candidate