

**Sworn Statement of Qualifications
to hold elective office of Council member or Mayor
in the City of Cape Coral**

Date: _____, 20____

My legal name is _____. I reside at _____,
Cape Coral, Florida _____.

I want my name placed on the ballot as a candidate for Mayor, or City Council Member for District
_____.

I hereby swear or affirm:

- I am eligible and qualified to hold office of Mayor, or Council member.
- I am a qualified elector of the City of Cape Coral.
- I have been a continuous full-time resident of the City of Cape Coral for the entire calendar year immediately preceding today's date.

I've attached to this form, a valid copy of my current voter's registration card.

As a candidate for Mayor, I have paid a one hundred and fifty dollar (\$150) filing fee.

As a candidate for Council member, I have paid a one hundred dollar (\$100) filing fee, and I reside in the Council district I plan to represent.

(Signature)

(Print Name)

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20____, by _____.

Personally Known OR Produced Identification _____
Type of Identification Produced _____