

LOYALTY OATH
(Sections 876.05-876.10, Florida Statutes)
NONPARTISAN OFFICE

COPY

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OFFICE USE ONLY

I, DARLENE P RIFALO
First Name Middle Name/Initial Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, DARLENE RIFALO
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of City of Gainesville At Large #1
(office) (district #)

_____ ; I am a qualified elector of ALACHUA County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X [Signature] 352 377-1234
Signature of Candidate Telephone Number Email Address
1035 NW 41 DR GAINESVILLE FL 32605
Address City State ZIP Code

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
PAF - ALO (Plant)

STATE OF FLORIDA
COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 17th day of NOVEMBER, 2011.

Personally Known: [Signature] or _____
Produced Identification: _____
Type of Identification Produced: _____

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public
ANTHONY W. MILLER
MY COMMISSION # EE 107047
EXPIRES: October 26, 2015
Bonded Thru Budget Notary Services

