

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NONPARTISAN OFFICE

11 NOV 15 PM 3:58

OFFICE USE ONLY

I, <u>James</u>	<u>W</u>	<u>Ingle</u>
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, James Ingle
 (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 Gainesville City Commission 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.

<u>X</u> <u>[Signature]</u> Signature of Candidate	<u>(352) 672-7752</u> Telephone Number	<u>Elect James Ingle</u> Email Address
<u>3509 NW 22nd Dr</u> Address	<u>Gainesville</u> City	<u>Florida</u> State
		<u>32605</u> 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):

J-AI-M-Z EE-NG-L

STATE OF FLORIDA

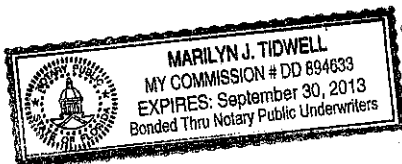
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 15th day of November, 2011.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FL. DRIVERS LICENSE



[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public