

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

**COPY**

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OFFICE USE ONLY

I, <u>LAUREN</u>	<u>BRENT</u>	<u>POE</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, LAUREN POE  
 (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 COMM, 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.

(352) 871-0895 lauren@votepoe.com  
 Signature of Candidate Telephone Number Email Address

2001 NW 21st St. 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):  
LAUREN POE

STATE OF FLORIDA  
 COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of November, 2011.

Personally Known:  or \_\_\_\_\_  
 Produced Identification: \_\_\_\_\_  
 Type of Identification Produced: \_\_\_\_\_

Signature of Notary Public  
 Print, JENNIFER WICKES Name of Notary Public  
 Comm# DD0874404  
 Expires 6/2/2013  
 Florida Notary Assn., Inc.