

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NONPARTISAN OFFICE

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OFFICE USE ONLY

I, <u>Ray</u>		<u>Washington</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, Ray Washington
(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 Commissioner Gainesville (office) 1 (district #)
 ; I am a qualified elector of District 1 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.

<input checked="" type="checkbox"/> <u>[Signature]</u>	<u>(352) 337-2700</u>	<u>vote4district1.com</u>
Signature of Candidate	Telephone Number	Email Address

<u>P.O. Box 6008</u>	<u>Gainesville</u>	<u>FL</u>	<u>32661</u>
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):

RAY WASHINGTON

STATE OF FLORIDA
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 18 day of November, 2011.

Personally Known: _____ or
Produced Identification:
Type of Identification Produced: State of FL Drivers License

[Signature]
Signature of Notary Public
Print, Type or Stamp Commissioner Name of Notary Public
Notary Public State of Florida
Roberta A Young
My Commission EE009650
Expires 07/18/2014