CANDIDATE OATH -	
STATE AND LOCAL PARTISAN OFFICE	
Check applicable one:	
Candidate with party affiliation	2020 TIN 10 DW 0
☐ Candidate with no party affiliation	2020 JUN 10 PM12:34
☐ Write-in candidate	OFFICE LIGE ONLY
Candidate Oath	
(Section 99.021(1)(a), Florida Statutes)	
hyphen, check box 🔲. (See page 2 - Compound Last	If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. see ballot, the name must be printed above for oath purposes.)
am a candidate for the office of ALACHUM COUNTY (Offi	(COMM(SION), (ONE)I, (Circuit #)
; I am a qualified elector of; I am a qualified elector of	County, Florida; I am qualified
under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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; and I will support the	
Constitution of the United States and the Constitution of the State of Florida.	
Statement of Party (Section 99.021(1)(b), Florida Statutes)	
(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)	
I am a member of the	
party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid	
the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which	
I am a member.	
Candidate's Florida Voter Registration Number (located on your voter information card):	
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]  MA - REE AL - FORD	
X land Address  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Email Address  Address  City  State  Telephone Number  State  Telephone Number  Email Address  Telephone Number  Email Address  Telephone Number  Email Address  Telephone Number  State  ZIP Code	
STATE OF FLORIDA	Signature of Notary Public
county of <u>Alachu</u> 9	Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by physical vor online _ presence this 10 _ day of , 20  Personally Known: or Produced Identification:	YVETTE CARRERAS  Notary Public-State of Florida  Commission # GG 953846  My Commission Expires  February 02, 2024
Type of Identification Produced: H - Devers Cic.	