CANDIDATE OATH –	
STATE AND LOCAL PARTISAN OFFICE	
Check applicable one:	
🔀 Candidate with party affiliation	2020 JUN 08 PN04:45
☐ Candidate with no party affiliation	
☐ Write-in candidate	OFFICE USE ONLY
Candidate Oath	
(Section 99.021(I)(a), Florida Statutes)
hyphen, check box 🔲 . (See page 2 - Compound Last	t. If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. e ballot, the name must be printed above for oath purposes.)
am a candidate for the office of Alachia Conty Com	$\mathcal{N}_{1} \leq \mathcal{S}_{1} \otimes \mathcal{N}_{2} \otimes \mathcal{N}_{3} \otimes \mathcal{N}_{4} \otimes \mathcal{N}_{4} \otimes \mathcal{N}_{5} $
; my legal residence is (Group or Seat #)	County, Florida; I am a qualified elector
under the Constitution and the Laws of Florida to hold the office no other public office in the state, the term of which office or	to which I desire to be nominated or elected; I have qualified for any part thereof runs concurrent with the office I seek; and I have ursuant to Section 99.012, Florida Statutes; and I will support the
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.)	
Party; I have not been a registered member of any other political 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): 100477592 BY WS
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.] MEIK BEI-uhr-lee	
X Signature of Candidate Telephone Number POS 776 Address City	
STATE OF FLORIDA COUNTY OF Alachog	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by physical or online presence this day of , 20,00 Personally Known: or Produced Identification: K	KATHLEEN BARNES Notary Public - State of Florida Commission # GG 330316 My Comm. Expires May 2, 2023
Type of Identification Produced: FC B640 S42 633110	