CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

2022 JUN 17 AM10:51
OFFICE USE ONLY

ÖFFICE USE ONLY
Candidate Oath
(Section 99.021(1)(a), Florida Statutes) I. CHARUE RAY TACKSOW
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2, Compound Last Names). No change can be made after the end of qualifying.)
am a candidate for the office of COUNTY COMMISSION
am a candidate for the office of OUNTY COMMISSION (District #) (Circuit #)
; my legal residence is 2708 W W 170^{h} St. AlACHVACounty, Florida; I am a qualified elector
(Group or Seat #) NEWBERRY, FZORINA
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)
I am a member of the DEM or notice Party; I have been a registered member of this political party, for
which I am seeking nomination as a candidate, 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, by the executive committee of the above-
stated political party.
Candidate's Florida Voter Registration Number (located on your voter information card): 100 524258
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):
CHARLIE RAY JACKSON
x hadie & he 1352 494-5885 Jackscharle aul. com
Signature of Candidate Telephone Number Email Address
2708 NW 170MST. NEWBERRY, FLORINA 37669
Address City State ZIP Code
STATE OF FLORIDA
Print, Type, or Stamp Comme Shies Name of North Public below:
Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence MY COMMISSION EXPIRES 6-20-2026
this fluday or puthe, 20 20.
Personally Known OR Produced Identification OF FLOW 1997
Type of Identification Produced LUT 250-116-57.307 OKP: Ab 128