CANDIDATE OATH -NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate) Check box only if you are seeking to qualify as a write-in candidate:





☐ Write-in candidate

OFFICE USE ONLY

Candidate Oath (Section 99.021(1)(a), Florida Statutes)			
I, Greg Brudnicki			
(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. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)			
am a candidate for the nonpartisan office of Mayor of Panama City			
		(Office)	(District #)
	am a qualified elector of	Bay	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; 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.			
Candidate's Florida Voter Registration Number (located on your voter information card): 100609812			
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.] Brud-Nicki			
x & Phhi.	(₈₅₀) ₅₉₆₋₂₀₃₉		gbrudnicki@gmail.com
Signature of Candidate	Telephone Number		Email Address
322 South Bonita Ave	Panama City	FI	32401
Address	City	State	ZIP Code
STATE OF FLORIDA		Signature of Notary Pub	
COUNTY OF BOU			ioned Name of Notary Public below:
<i>b</i>			
Sworn to (or affirmed) and subscribed before me this		S SUNY PURE	DIANE FONZI MY COMMISSION # FF231793
day of			
Personally Known: or Produced Identification:			
Type of Identification Produced: Orivers License			
DS-DE 302ND (Pay 11/17)			Dula 48 2 0004 F A C