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

	<u>_</u>	· · · · · · · · · · · · · · · · · · ·	OFFICE USE ONLY
	Candida (Section 99.021(1)(a		
I, Bob Schultz	, , , , , , , , , , , , , , , , , , , ,		
(Print name above as you wish	age 2 - Compound Last N	ames). No change can be	of two or more names but has no e made after the end of qualifying. inted above for oath purposes.)
am a candidate for the nonpartisan	office of Lynn Haven C	City Commissioner	,
·		(Office)	.(District #)
(Circuit #) Seat 1 (Group or Seat #)	; I am a qualified elector of	Bay	County, Florida;
I seek; and I have resigned from an and I will support the Constitution of Candidate's Florida Voter Registra Phonetic spelling for audio ballot: ballot as may be used by persons with Bob Shultz	tion Number (located on yo	Constitution of the State of ur voter information card): 1	Florida. 00613280 sh it to be pronounced on the audio
XBJ Multa Signature of Candidate 3 509 Pennsylvania Ave	(₈₅₀) ₈₃₂₋₈₇₄₉ Telephone Number Lynn Haven	FI	bobschultz3317@gmail.c Email Address 32444
Address	City	State	// · ZIP Code
STATE OF FLORIDA COUNTY OF		Signature of Notary Proprint, Type, or Stamp Commis	ublic ssioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me this, 20, 20		ZZO Z089Z 1.1	EXPIRES: June 10, 2 WY COMMISSION # GG2 WY CHELSEA R, HI
Type of Identification Produced:	<u>)</u>		
DS-DE 302ND (Dov. 11/17)		good and a second	Dula 19-2 0001 EAC