

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



\$19°

OFFICE USE ONLY

Candidate Oath

Pamn Henderson	
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more hyphen, check box	end of qualifying.
am a candidate for the nonpartisan office of Mayor, City of Callaway	,,
(Office)	(District #)
(Circuit #) (Group or Seat #) ; 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 nominate qualified for no other public office in the state, the term of which office or any part thereof runs concur I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012 and I will support the Constitution of the United States and the Constitution of the State of Florida.	rrent with the office
Candidate's Florida Voter Registration Number (located on your voter information card): 100626277	
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be prono ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to Pam Hen der son	
) (
Signature of Candidate Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Email Address City State Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Signature of Notary Public	\$ 2404 ZIP Code

DS-DE 302NP (Rev. 11/17)

Rule 1S-2.0001, F.A.C.