CANDIDATE OA	TH –		
NONPARTISAN O			
(Do not use this form if a Judicial or Sch			
Check box only if you are seeking	,	, cour, <b>332</b>	
write-in candidate:		\$23 <sup>4</sup> ****	
Write-in candidate		- <b>1</b> .	
OFFICE USE ONLY			
Candidate Oath (Section 99.021(1)(a), Florida Statutes)			
I, Brandon Caldwell			
hyphen, check box 🔲. (See page	e 2 - Compound Last N	If your last name consists of two or m ames). No change can be made after allot, the name must be printed above	the end of qualifying.
am a candidate for the nonpartisan office of Beach Mosquito Control Commissioner			
		(Office)	(District #)
	am a qualified elector of	Вау	County, Florida;
(Circuit #) (Group or Seat #)			
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): <u>115379060</u> 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 ( <i>see</i> instructions on page 2 of this form): [ <i>Not applicable to write-in candidates.</i> ]			
Brandon Caldwell			
7			
x	(850)691-5195	caldwell8678@yahoo.com	
Signature of Candidate	Telephone Number	Email Ad	Idress
509 Palm Avenue	Panama City Beach	FL	
Address	City	State	32413
STATE OF FLORIDA			32413 ZIP Code
COUNTY OF 54		Signature of Notary Public	
	J	Signature of Notary Public Print, Type, or Stamp Commissioned Name o	ZIP Code
Sworn to (or affirmed) and subscribed before me by	physical <u>or</u>	-	ZIP Code
	· ·	-	ZIP Code
Sworn to (or affirmed) and subscribed before me by online presence this day of Personally Known: or Produced Identification	, 20 <b>20</b> ation:	-	ZIP Code
Sworn to (or affirmed) and subscribed before me by online presence this day of	, 20 <b>20</b> ation:	-	ZIP Code