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:







OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)
I, GEORGE H. HINES SR.
(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 Lynn Haten CommissionER 'Salar (District #)
(Office) (District #)
14 th , SEA+th ; I am a qualified elector of BAY County, Florida;
14 h , SEA+ 3 ; I 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): 100632796
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio pallot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates]
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X Ay 7 1650 624-6977 hives George 53 (b) 4 Ahoo · Com Signature of Captilidate Email Address
Signature of Catoptate/
1603 Rhode Island AVE. LYNN HAVEN FI. 32444
Address City States P 1 2944 Address City States P 1 ZIP Code
STATE OF FLORIDA City State Library ZIP Code Library ZIP Code
Address City State ZIP Code
STATE OF FLORIDA COUNTY OF
STATE OF FLORIDA COUNTY OF Box City State Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
STATE OF FLORIDA COUNTY OF
STATE OF FLORIDA COUNTY OF Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by physical or online presence this 25 day of 1 away 2021.