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:

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OFFICE USE ONLY
Candidate Oath
(Section 99.021(1)(a), Florida Statutes)
,Michelle Bryant
(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 Handma City Commissioner #2,,
Office) (District #)
, ; I am a qualified elector of BUU County, Florida;
(Circuit #) (Group or Seat #)
am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I
nave qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office
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.
ind I will support the Constitution of the Critica States and the Constitution of the State of Florida.
Candidate's Florida Voter Registration Number (located on your voter information card): 100659690
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 Muhelle Byant (800) 1-6197 michelle pc ward go
x Muhell Bryant (SDN)1-5197 michelle De Wards (Signature of Candidates) Telephone Number Enfail Address 9mail. SUBJECTIONST ROMAN CHY PL SHOT SHOT SHOT SHOT SHOT SHOT SHOT SHOT
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Address STATE OF FLORIDA COUNTY OF Bay Sworn to (or affirmed) and subscribed before me by means of
Address STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence
Address STATE OF FLORIDA COUNTY OF Box Sworn to (or affirmed) and subscribed before me by means of this offer day of Plantage and Advance and Plantage and Pla
Address STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence