

**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



OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, ANDREW M. KELLY,

(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 MAYOR OF PARKER,  
(Office) (District #)

; 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): 100671938

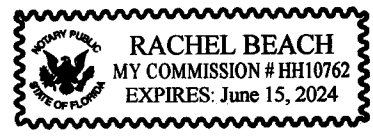
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X Andrew M Kelly 850 630-3624  
Signature of Candidate Email Address  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Bay

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence   
this 23<sup>rd</sup> day of January, 2023.  
Personally Known  OR Produced Identification   
Type of Identification Produced: FL DL

Rachel Beach  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:



DATE OF BIRTH