STATE AND LOCAL PARTISAN OFFICE Check applicable one: Candidate with party affiliation Candidate with no party affiliation Write-in candidate OFFICE USE	
Check applicable one: Candidate with party affiliation	
Candidate with party affiliation	
☐ Candidate with no party affiliation	
☐ Write-in candidate	
	<u>YINC</u>
(Section 99.021(1)(a), Florida Statutes) (Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has	70
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.	na
am a candidate for the office of County Commuse.	,
(Office) (District #) (Circuit #)	
; my legal residence is County, Florida; I am a qualified ele	ctor
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. Statement of Party (Section 99.021(1)(b) Florida Statutes)	
(Section 99.021(1)(b), Florida Statutes)	
(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.) I am a member of the Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.	
Candidate's Florida Voter Registration Number (located on your voter information card):しる子にしること	
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the auballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidate AIN-JEL LOO-US	dio ∌s.]
X Grandidate Signature of Candidate Telephone Number Signature of Candidate Telephone Number Email Address	- "
Address City Canto FI 344UI Address City Code	
STATE OF FLORIDA COUNTY OF CITRUS Signature of Notary Public	_
Sworn to (or affirmed) and subscribed before me by physical or	
online presence this 10th day of June, 2000. Notary Public State of Florida Georgette R Brock My Commission GG 952648 Expires 01/28/2024	
Type of Identification Produced: FI Drivers License 1,300-017-84-563-0	