

**CANDIDATE OATH –  
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- ☒ Candidate with party affiliation  
☐ Candidate with no party affiliation  
☐ Write-in candidate

Recvd 2020JUN08PM12:06

OFFICE USE ONLY

**Candidate Oath**

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

I, **Catherine Duran Webb**

(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 office of **Sheriff** , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
(Office) (District #) (Circuit #)

\_\_\_\_\_ ; my legal residence is **Clay** \_\_\_\_\_ County, Florida; I am a qualified elector  
(Group or Seat #)

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)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the **Republican** 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): **118700832**

**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.]

**KA-thuh-rin WEB**

**X** *Catherine Duran Webb*

(904) 910-5779

catherine.webb@yahoo.com

Signature of Candidate

Telephone Number

Email Address

1324 Longmeadow Trail

Middleburg

Florida

32068

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF **Clay**

Sworn to (or affirmed) and subscribed before me by ☒ physical or

☐ online presence this **5** day of **June**, 20**20**

Personally Known: \_\_\_\_\_ or Produced Identification: ☒

Type of Identification Produced: **FL DL**

*Lisa Hogan*  
Signature of Notary Public

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

