

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

Check applicable one:

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

Recvd 2020 JUN 08 PM 12:28

OFFICE USE ONLY

**Candidate Oath**

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

I, Betsy Sistrunk Condon

*(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.)*

I am a candidate for the office of Clay County Commissioner, 4, \_\_\_\_\_,  
(Office) (District #) (Circuit #)  
\_\_\_\_\_ ; I am a qualified elector of Clay County, Florida; I am qualified  
(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): 100572630

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.]*

<u>X Elizabeth A Condon</u> Signature of Candidate	<u>(352) 672-0828</u> Telephone Number	<u>betsycondon@yahoo.com</u> Email Address
<u>6880 Crystal Lake Rd</u> Address	<u>Keystone Heights</u> City	<u>FL</u> State
<u>STATE OF FLORIDA</u> <u>COUNTY OF <u>Clay</u></u>	<u>8<sup>th</sup></u> Sworn to (or affirmed) and subscribed before me this	<u>32656</u> ZIP Code
<u>June</u> , 20 <u>20</u> day of	<u>8<sup>th</sup></u> Personally Known: <input checked="" type="checkbox"/> or Produced Identification: _____	<u>Marian M Sikes</u> Signature of Notary Public
Type of Identification Produced: _____		Print, Type, or Stamp Commissioned Name of Notary Public below: 