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

Record 2020JUN11PM12:44

OFFICE USE ONLY

(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 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 oathpurposes.)
am a candidate for the nonpartisan office of The Crossings at Heming Isano, (Office), (District #)
(Circuit #) Seat 1 ; I am a qualified elector of Clay County, Florida;
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominited 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): 123 566 366
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronouned on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to wrile-in candidates.]
Signature of Candidate Telephone Number Email Address

Fleming Island

Candidate Oath

STATE OF FLORIDA

Address

COUNTY OF C

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

online presence this ______ day of _______, 2020 .

Personally Known: _____ or Produced Identification: ____

Type of Identification Produced: Driver License

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of NotanyPublic below:

MY COMMISSION # GG349529 \$
EXPIRES: June 27, 2023

ZP Code