CANDIDATE OATH -	
STATE AND LOCAL PARTISAN OFFICE	RECEIVED
Check applicable one:	2020 JUN 10 AM11: 34
X Candidate with party affiliation	OPERVISOR OF ELECTIONS
Candidate with no party affiliation	HERNANDO COUNTY, FL
Write-in candidate	OFFICE USE ONLY
Candidate Oath (Section 99.021(1)(a), Florida Statutes)	
I,Burton Melaugh	
(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 ofBoard of County Cor	
(Officə)	
; my legal residence is <u>Hernando</u> (Group or Seat #)	County, Florida; I am a qualified elector
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 <u>Republican</u> 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): 1042 644 79	
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.] mel-LAW	
	9597 Burt4BOCC@gmail.com
Signature of CandidateTelephone Number14255 Ricebird Ave.Weeki Wachee	Email Address 34614
Address City	State ZIP Code
STATE OF FLORIDA COUNTY OF <u>Hornand O</u> Signature of Notary Public	
Sworn to (or affirmed) and subscribed before me by physical or online presence this <u>10</u> day of <u>une</u> , 20 <u>20</u>	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: RAMOLA A. KIRBY Notary Public, State of Florida Commission# GG 943984 My comut. expires Jan. 21, 2024
Personally Known: or Produced Identification:	
DS-DE 301SL (Rev. 04/20)	Rule 1S-2.0001, F.A.C.