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

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2020 JUN -8 PM 2: 42

STERVISOR OF ELECTIONS HERNANDO COUNTY, FL

OFFICE USE ONLY

| | idate Oath | |
|--|--|---|
| and the state of t | I(1)(a), Florida Statutes) | |
| 1, Joe Bernardini | | |
| (Print name above as you wish it to appear on the bahyphen, check box ☐, (See page 2 - Compound La Although a write-in candidate's name is not printed on the | st Names). No change can be mad ne ballot, the name must be printed a | le after the end of qualitying. bove for oath purposes.) |
| am a candidate for the nonpartisan office of Brookse | rille City Council | , ,, ,, , (District #) |
| | (Office) | (District #) |
| am a candidate for the nonpartisan office of Bracksc (Circuit #) Scat 2 (Group or Seat #) | Hernando | County, Florida; |
| I am qualified 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. | | |
| Candidate's Florida Voter Registration Number (located on your voter information card): | | |
| 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.] | | |
| X Jac 13 3521 442 | -1707 Joeb433@Bellswaf | hinet |
| Signature of Candidate Telephone Numb | per I | Email Address |
| 520 Rogers Av. Brookville | Pl Pl | 34601 |
| Address City | State | ZIP Code |
| STATE OF FLORIDA Signature of Notary Public | | |
| COUNTY OF NEV NAMOU | Print, Type, or Stamp Commissioned | Name of Notary Public below: |
| Sworn to (or affirmed) and subscribed before me by physical or | S JENNIFER I RA | TTTIOTA E |
| \Box online presence this \Box day of \Box like, $20 \Box$ 0. | MY COMMISSION EXPIRES: March | # GG88833 \$ 30, 2021 \$ |
| Personally Known: or Produced Identification: | *************************************** | ~~~~ |
| Type of Identification Produced: | | |