CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

RECEIVED

2022 JUN 15 PM 4: 02

PLACENTISOR OF ELECTIONS HERNANDO COUNTY, FL

OFFICE USE ONLY

	Candidat	e Oath			
	(Section 99.021(1)(a)				
I, Brian Hawkins					
(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.)					
am a candidate for the office of	County Commis	sioner	2	,,	
	(Office)		(District #)	(Circuit #)	
; my legal residence is Hernando (Group or Seat #)		c	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					
Po	(Section 99.021(1)(b)	Florida Statutes)			
I am a member of the Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, 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, by the executive committee of the above-					
stated political party.		agamet me, n amy, by			
Candidate's Florida Voter Registration Number (located on your voter information card): 107086789					
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): Brian Hawkins					
(727) 639-2687		7 briar	brian@hawkins4hernando.com		
Signature of Campinate	Telephone Number	FI	Email Address	1	
10155 Hoover Street Address	Spring Hill City	FL State	***************************************	34608 ZIP Code	
	Oity	Jiaic		ZIF Gode	
STATE OF FLORIDA		Curt	Blenn n	n XI	
			e of Notary Public or Stamp Commissioned Name of Notary Public below:		
Sworn to (or affirmed) and subscribed be	fore me by means of	Print, Type, or Stamp Co.	mmissioned Name of N	lotary Public below:	
online notarization OR ph	ysical presence 🔀	Lever Pur Nota	ry Public State of Florida	8	
this 15/4 day of JU1e	<u>, 2022</u> .	Ny Sai My	Commission H 169654		
Personally Known OR Produce	ed Identification 🖄	EX	p. 8/25/2025		
Type of Identification Produced:	1,15 license				