	RECEIVED
CANDIDATE OATH -	2016 JUN 7 PM 12 36
NONPARTISAN OFFICE	
(Net fer une hu ludiciel es	MALLITEE COUNTY Supervisor of elections
(Not for use by Judicial or School Board Candidates)	
,	OFFICE USE ONLY
OATH OF CANIFIDATE (Section 99.021, Florida Statutes) I, JAMES CANING (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)	
am a candidate for the nonpartisan office of East MANAter FILL & Rescue Distaict Commissioner ,	
	(office) (district #)
(circuit #) (group or seat #)	elector of <u>MANG Tee</u> 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.	
X-prol. Colmo 94/1807-7997	
Signature of Candidate Telephone Number Email Address	
15509 Leven LINKS PLACE, LAKERDOR RANCH, FL 34202 Address City State ZIP Code	
Candidate's Florida Voter Registration Number (located on your voter information card): _//6/66440	
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):	
James CARLINO	
Jumes Cherne	
STATE OF FLORIDA	
COUNTY OF MANATZE	
Sworn to (or affirmed) and subscribed before me this day of, 20/6.	
Sworn to (or affirmed) and subscribed before me this day of, 20_16.	
Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:	KAREN JONES Commission \$ FF 900600 Explore April 11, 2020 Bonded Thru They Fain Insurance 309-305-7019

Rule 1S-2.0001, F.A.C.