CANDIDATE OATH -	
STATE AND LOCAL PARTISAN OFFICE	KEHEIVED .
Check applicable one:	348 JUN 18 FG 12 23
☑ Candidate with party affiliation	**************************************
Candidate with no party affiliation	
☐ Write-in candidate	F. Tal is
OFFICE USE ONLY	
1, Melton Little	date Oath (a) a forida Statutes)
hyphen, check box . (See page 2 - Compound Last	Fyour last name consists of two or more names but has no Names). No change can be made after the end of qualifying e ballot, the name must be printed above for oath purposes.)
	missioner, 4,
; I am a qualified elector of $\bigwedge^{(Office}$	(District #) (Circuit #) Late County, Florida; I am qualified
(Group or Seat #)	te 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 a	any part thereof runs concurrent with the office I seek; and I have
resigned from any office from which I am required to resign p	ursuant to Section 99.012, Florida Statutes; and I will support the
Constitution of the United States and the Constitution of the S	itate of Florida.
	ent of Party I)(b), Florida Statutes)
(Complete Statement of Party only if you are seeking to qualif	fy for nomination as a party candidate.) Party; I have not been a registered member of any other political
party for 365 days before the beginning of qualifying preceding	ng the general election for which I seek to qualify; and I have paid
the assessment levied against me, if any, as a candidate for sall am a member.	aid office by the executive committee of the political party, of which
One II let als Elevida Vete a Designation Number (Least et al.	your voter information card): 105283224
Candidate's Florida Voter Registration Number (located on	your voter information card): 1000 600 7
	on the line below as you wish it to be pronounced on the audio ions on page 2 of this form): [Not applicable to write-in candidates.]
	.0344 MELTON DMCGON4MONARE. COM
Signature of Candidate 6033 34th StW#126 Bradent Address City	On FL Email Address 342/0 State D ZIP Code
STATE OF FLORIDA	(gra) I fortheof
COUNTY OF Moratee	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me this 5th day of, 20_18	ANN NORTHROP MY COMMISSION # FF 926632 EXPIRES: February 12, 2020 Bonded Thru Budget Notary Services
Personally Known: or Produced Identification: Type of Identification Produced:	COLETO.