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:

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☐ Write-in candidate			OFFICE USE ONLY
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Candidate Oath			
(Section 99.021(1)(a), Florida Statutes)			
1, James R Hongel Jim HENGEL ORB			
(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 nonpartisan office of			
•		(Office)	(District #)
Seat 3	I am a qualified elector of	Manatee	County, Florida;
(Circuit #) (Group or Seat #)	rain a qualified elector of		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.			
114.446707			
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 Jen R. 16 &	(561) 531-4107		james_hengel@yahoo.ca
Signature of Candidate	Telephone Number		Email Address
509 Chantilly Trail	Bradenton	FI	34212
Address	City	State	ZIP Code
STATE OF FLORIDA		2 Far	on the try
COUNTY OF Manate		Signature of Notary Pub Print, Type, or Stamp Commissi	oned Name of Notary Fublic below:
Sworn to (or affirmed) and subscribed before me this ACHA day of ACHA STEF Commission # GG 135829 Explice December 17, 2021 Bended Thru Tray Fain Insurance 800 385-7818 Type of Identification Produced: ACCANAS			