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

RECEIVED

2018 JUN 18 FM 12 29

	PRESIDENT OF THE USE ONLY
Candidate Oath (Section-89.021(1)(a), Florida Statutes)	
(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	
am a candidate for the nonpartisan office of TIE Commissions (Office) (District #)	
(Circuit #) (Group or Seat #) ; I am 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.	
Candidate's Florida Voter Registration Number (located on your voter information card): 105380759	
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.]	
* Source Romsey (941) 587-4212 (SOWYER/YM) Od. com	
Signature of Candidate 119.32 Telephone Number Tolephone Number	Email Address 342/9
Address City	State ZIP Code
COUNTY OF Maratel	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me this 6 44	er wat to the desired and the second
day of	KAREN JONES Commission # FF 980880 Expres April 11, 2020
Personally Known: or Produced Identification:	Bonded That Troy Pain Insurance 800-386-7019
Type of Identification Produced: PL P.L.	