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

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	OFFICE USE ONLY
Candidate Oath (Section 99.021(1)(a), Florida Statutes)	
1, LAROL L. ASA	
(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 TRAILER E	STATES FIRE CONTROL DIST. (District #)
(Circuit #) (Group or Seat #); I am a qualified elector of	MANATEE County, Florida;
I am qualified under the Constitution and the Laws of Florida to	o 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 re	equired 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 yo	ur voter information card): 105331281
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 (2) A. (34) 739-0 Signature of Candidate Telephone Number	0746 CASAZGGOMSN. QOM
8.0 Lox 5114 ERDESTON	EL ZXXI
Address . City	State ZIP Code
STATE OF FLORIDA	Signature of Notary Public
COUNTY OF Maratel	Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me this OH day of, 20 18.	SHARON A. STIEF Commission # GG 135829 Expires December 17, 2021 Bonded Thru Troy Fain Insurance 800-385-7619
Personally Known: or Produced Identification: Type of Identification Produced: Or CONLA	
The of Benningman Location	•