

(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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2018 JUN 18 FM 12 39

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☐ Write-in candidate		OFFICE USE ONLY
Candidate Oath (Section 99.021(1)(a), Florida Statutes)		
I, PETER GELHAN		
(Print name above as you wish it to appear on the ballot hyphen, check box ☐. (See page 2 - Compound Last Although a write-in candidate's name is not printed on the	. If your last name consists on Names). No change can be	made after the end of qualifying.
am a candidate for the nonpartisan office of PALMA	SOLA TRACE (Office)	(District #)
(Circuit #), GEAT 3; I am a qualified elector of	W-1	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 y	our voter information card):	7284202
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 NUL (216 701- Signature of Cardidate Telephone Number 3605 SUMMERWIMS Cip. BRADEN Address City	TON FL State	136050 g mail.com Email Address 34209 ZIP Code
COUNTY OF Maratee	Signature of Notary Pul Print, Type, or Stamp Commiss	blic/ ioned Name of Notary Public below:
Sworn to (ar affirmed) and subscribed before me this SHO day of, 20 \vert Z Personally Known: or Produced Identification: Type of Identification Produced:	Expires D	A. STIEF on # GG 136629 ecember 17, 2021 Troy Fein Insurance 800-385-7619