## 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 19 AM 11 06

	TERROLL OFFICE USE ONLY
	TOTIONS
Candidate Oath	
(Section 99.021(1)(a	), Florida Statutes)
1, Charles Duron C.D.	
(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 $\square$ . (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 Tree Com	
	(Office) (District #)
; I am a qualified elector of _ (Circuit #) (Group or Seat #)	MONATES County, Florida;
I am qualified under the Constitution and the Laws of Florida to	hold the office to which I desire to be naminated or elected: I
have qualified for no other public office in the state, the term of	
I seek; and I have resigned from any office from which I am red	quired to resign pursuant to Section 99.012, Florida Statutes;
and I will support the Constitution of the United States and the C	Constitution of the State of Florida.
Candidate's Florida Voter Registration Number (located on you	ur voter information card):105 486615
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	
Charles	Der-rant
Duty 151-44	9 COURNEDIQ VERZON. NOT
Signature of Candidate Telephone Number	Email Address
1 - 0	7,123
Address City	7 State ZIP Code
STATE OF FLORIDA	Lacen Jeves
COUNTY OF MANATEE	Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me this 15-44	
	KAREN JONES
day of, 20, 20  Personally Known: or Produced Identification:	Commission # FF 980880 Expires April 11, 2020 Bonded Thru Troy Pain Insurance 809-386-7019
Time of Identification Produced: 9 0.4	The first throught the second