

**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

2020 JUN -8 PM 2:20

MANATEE COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Samuel Anderson "Andy" Reasoner

(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 Cedar Hammock Fire Control District, _____
(Office) (District #)

_____ , One ; I am a qualified elector of Manatee County, Florida;
(Circuit #) (Group or Seat #)

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): 105434663

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.]
SAM-mule ANDER-son "AN-dee REASON-er

X Samuel Anderson (941) 752-1881 andy@royalpalmnurseries.com
Signature of Candidate Telephone Number Email Address

7711 Westmoreland Dr. Sarasota FL 34243
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF MANATEE

David Harwood
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of physical presence this 27th day of MAY, 20 20.
Personally Known: or Produced Identification: _____
Type of Identification Produced: _____



David Harwood
Notary Public, State of Florida
My Comm. Expires May 03, 2023
Commission No. GG297542