

**CANDIDATE OATH -
JUDICIAL OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

RECEIVED

2018 MAY -1 AM 9:14

SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

OFFICE USE ONLY

Candidate Oath

(Section 105.031, Florida Statutes)

I, LeAnn Mackey Barnes

(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 judicial office of County Court Judge, _____, _____,
(Office) (District #) (Circuit #)
3; my legal residence is Marion County, Florida; I am a qualified elector
(Group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 105592474

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 [Signature] (352) 622-1280 uflaw_2002@yahoo.com
Signature of Candidate Telephone Number Email Address

8141 SW 56th Ter Ocala FL 34476
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF MARION

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 1st
day of May, 20 18.

Personally Known: _____ or Produced Identification: ☒

Type of Identification Produced: FL Driver License

