

**CANDIDATE OATH -  
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

**RECEIVED**

2018 JUN 18 PM 4:47

SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

OFFICE USE ONLY

**Candidate Oath**

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

I, Deanna Lynn Morey  
*(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 office of County Commission, 4, \_\_\_\_\_,  
*(Office) (District #) (Circuit #)*

\_\_\_\_\_ ; I am a qualified elector of Marion County, Florida; I am qualified  
*(Group or Seat #)*

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.

**Statement of Party**

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

*(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)*

I am a member of the n/a Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 112532266

**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] 352 484-5078 deannamorey1@gmail.com  
Signature of Candidate Telephone Number Email Address  
505 NW 63rd Pl. Ocala, FL 34475  
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 18<sup>th</sup>  
day of June, 20 18.

Personally Known: \_\_\_\_\_ or Produced Identification:   
Type of Identification Produced: Fl. Driver License

