## 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

2019 JUL -8 P 12: 12

CITY OF OCALA, FLORIDA CITY CLERK

OFFICE USE ONLY

|   | Candidate Oath   |  |
|---|--|--|
|   | n 99.021(1)(a), Florida Statutes)  |  |
| 1, Tyrone Dliver  | the hellet if your lest your exercise  |  |
| (Print name above as you wish it to appear on hyphen, check box ☐. (See page 2 - Compo Although a write-in candidate's name is not prin | und Last Names). No change can b   | e made after the end of qualifying.        |
| am a candidate for the nonpartisan office of  | Cify Council (Office)  | (District #)                               |
| ; I am a qualified (Circuit #) (Group or Seat #)  | d elector of <u>Marion</u>   | County, Florida;                           |
| I am qualified under the Constitution and the Laws  |  | desire to be nominated or elected; I       |
| have qualified for no other public office in the state,   |  |  |
| I seek; and I have resigned from any office from wh   | nich I am required to resign pursuant  | to Section 99.012, Florida Statutes;       |
| and I will support the Constitution of the United Stat  | es and the Constitution of the State o                                       | f Florida.                                 |
| Candidate's Florida Voter Registration Number (k  | ocated on your voter information card):                                      | 136549619                                  |
| Phonetic spelling for audio ballot: Print name phoballot as may be used by persons with disabilities (see                               | onetically on the line below as you we instructions on page 2 of this form). | ish it to be pronounced on the audio       |
|   | •                                      |  |
|   |  |  |
| v (m. 175h  | A 17   | 2/   |
| Signature of Candidate  Telephone I   | <u>Ce15-2354                                    </u>                         | Email Address  34474  ZIP Code             |
| 2610 SW 33rd Ave Deal   | T/1 = 1  |  |
| Address City  | State  | ZIP Code                                   |
| STATE OF FLORIDA  | Jelicia M  | iller                                      |
|   | Signature of Notary Pu   | ublic ssioned Name of Notary Public below: |
| COUNTY OF Marion  | Time, Type, or otamp commis  | Solones Hairle of Hotaly Fublic Delow.     |
| Sworn to (or affirmed) and subscribed before me this  | S 2nd Surry Pue. Notary R  | Public State of Florida                    |
| day of <i>July</i> , 20   | Felicia<br>My Con  | Miller                                     |
| Personally Known: or Produced Identification:   | % of n.o. Expires  | 05/09/2022                                 |

Type of Identification Produced: 2416-805-56-412-1