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

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	OFFI	CE USE ONLY
(Section 99.021(1)(a) (Print name above as you wish it to appear on the ballot. If	a), Florida Statutes) If your last name consists of two or more names	
hyphen, check box	rallot, the name must be printed above for oath puintly Wundle DIST 2	
(Circuit #) ; I am a qualified elector of _	MARION Cou	ınty, Florida;
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 you	ur voter information card): <u>/05762/37</u>	
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 Reginal E Handers (352) 207-199 Signature of Candidate Telephone Number 1880 NW 27 AUS O Cala F	Vegljva yahoo	(om
Address City STATE OF FLORIDA COUNTY OF Marion	State ZIP Code Signature of Notary Public Rrint, Type or Stamp Commissioned Name of Notary Public)
Sworn to (or affirmed) and subscribed before me this	ANGEL B JACOBS Commission # GG 227325 Expires October 10, 2022 Bonded Thru Budget Notary Services	
Type of Identification Produced: FL Driver License		