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: 02 CITY OF OCALA, FLORIDA CITY CLERK OFFICE USE ONLY

Candidate Oath

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

I, _Kent Guinn_

(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 _Mayor of Ocala FL_ , _____ ,
(Office)   (District #)

_____ , _____ ; I am a qualified elector of _Marion_ 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): _105 778 667_

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.]*

Gwinn

X _Kent Guinn_ · _(352) 572-0312_ _Kent.guinn@icloud.com_
Signature of Candidate   Telephone Number   Email Address

320 N.W. 3rd Ave Ocala _FL_ _34475_
Address   City   State   ZIP Code

STATE OF FLORIDA

Roseann J Fusco
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

COUNTY OF _Marion_

Sworn to (or affirmed) and subscribed before me this _24_

day of _June_ , 20 _19_ .

Personally Known: _✓_ or Produced Identification: _____

Type of Identification Produced: _____

DS-DE 302NP (Rev. 11/17)   Rule 1S-2.0001, F.A.C.