

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

Check applicable one:

Candidate with party affiliation

Candidate with no party affiliation

Write-in candidate

**RECEIVED**

2020 JUN 10 PM 2:11

SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

**OFFICE USE ONLY**

**Candidate Oath**

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

I, Bobby D Dobkowski

*(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, 3, \_\_\_\_\_

(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**

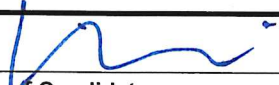
(Section 99.021(1)(b), Florida Statutes)

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

I am a member of the Republican 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): 105622672

**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.]*

<b>X</b>		(352) 400-0103	mr.blindmaster@yahoo.com
<b>Signature of Candidate</b>		<b>Telephone Number</b>	<b>Email Address</b>
5335 SE 103rd Street	Bellevue	FL	34420
<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>

**STATE OF FLORIDA**

**COUNTY OF** Marion

Sworn to (or affirmed) and subscribed before me by physical  or  
online \_\_\_ presence this 10<sup>th</sup> day of June, 2020.

Personally Known: \_\_\_\_\_ or Produced Identification:

Type of Identification Produced: FL Driver License



**Signature of Notary Public**

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

KIM HANKEMEYER  
NOTARY PUBLIC  
STATE OF FLORIDA  
NO. GG 333382  
MY COMMISSION EXPIRES JUN. 27, 2023