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

CITY OF OCALA, MLORIOM CITY CLERK

	OFFICE	USE ONLY
(Section 99.021(1)(a), Florida Statutes) (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	Courcil.	ブー,
		trict #)
(Circuit #), (Group or Seat #); I am a qualified elector of	MAKION Coun	ty, Florida;
I am qualified under the Constitution and the Laws of Florida t	o hold the office to which I desire to be nominated o	r elected; I
have qualified for no other public office in the state, the term of	f 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): 1055 46296		
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.]		
ballot as may be used by persons with disabilities (see instruction	ns on page 2 of this form): [Not applicable to write-in ca	the audio indidates.]
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X Signature of Candidate Signature of Candidate Telephone Number	ns on page 2 of this form): [Not applicable to write-in ca	the audio andidates.]
X Signature of Candidate Telephone Number	ns on page 2 of this form): [Not applicable to write-in ca	the audio andidates.]
X Signature of Candidate Signature of Candidate Telephone Number	ns on page 2 of this form): [Not applicable to write-in ca	the audio andidates.]
Signature of Candidate Telephone Number	Email Address State State INOT applicable to write-in car Email Address ZIP Code	the audio andidates.]
Signature of Candidate Address Telephone Number City	Email Address	andidates.]
Signature of Candidate Address STATE OF FLORIDA	Email Address State Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public by	andidates.]
Signature of Candidate Address Telephone Number City COUNTY OF Marion	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public by ANGEL B JACOBS Commission # GG 227325	andidates.]
Signature of Candidate Signature of Candidate Address City STATE OF FLORIDA COUNTY OF	Email Address State State State Signature of Notary Public Print, Pype, or Stamp Commissioned Name of Notary Public by ANGEL B JACOBS	andidates.]
Signature of Candidate Signature of Candidate Address Telephone Number City STATE OF FLORIDA COUNTY OF	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public by ANGEL B JACOBS Commission # GG 227325 Expires October 10, 2022	andidates.]