CANDIDATE OATH -		180 825
STATE AND LOCAL PARTISAN OFFICE		OSC SOE JUN8'2013:10
Check applicable one:		
Candidate with party affiliation		
Candidate with no party affiliation		
Write-in candidate		
Revenues and a second		OFFICE USE ONLY
	late Oath)(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 office of OSCEOLA County Commissioner 5, (Circuit #), (Circuit #)		
		(Circuit #)
; I am a qualified elector of <u>OSCCola</u> 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 <u>Republican</u> 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): 106194756		
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.]		
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Signature of Candidate Telephone Number	Email	Address
6001 Canve Creek Rd., St. Clou	A L N State	34772 Zla Code
Address City	Jorya M. (ulter
COUNTY OF OSCEOLO	Signature of Notary Public Print, Type, or Stamp Commissioned Name	of Notary Public below
Sworn to (or affirmed) and subscribed before me this day of, 2020	TONYAM CL	
	EXPIRES: May	25, 2023
Personally Known: or Produced Identification: NA	Bonded Thru Notary Pub	ic Underwritera
DS-DE 301SL (Rev. 11/17)		Rule 1S-2.0001, F.A.C.