

**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:

JUN 9 '20 PM 12:13  
OSC SOE

Write-in candidate

**OFFICE USE ONLY**

**Candidate Oath**

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

I, Alvin "AC" Codner

(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 Kissimmee City Commissioner, \_\_\_\_\_,  
(Office) (District #)

\_\_\_\_\_, 5; I am a qualified elector of Osceola  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): 124583971

**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.]  
Alvin "AC" Codner

<b>X</b> <u>AL</u>	(407) 9432487	alvincodner@gmail.com	
<b>Signature of Candidate</b>	Telephone Number	Email Address	
<u>3518 Jamaica Run Lane</u>	<u>Kissimmee</u>	<u>FL</u>	<u>34741</u>
Address	City	State	ZIP Code

STATE OF FLORIDA  
COUNTY OF Osceola

CAITLIN A. GERMAINE  
**Signature of Notary Public**  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by  physical or  
 online presence this 9 day of June, 2020.  
Personally Known: \_\_\_\_\_ or Produced Identification:   
Type of Identification Produced: DL- [REDACTED]

