

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

OSC SOE JUN8'2013 14

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

**OFFICE USE ONLY**

**Candidate Oath**

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

I, Kelvin Soto

*(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 Clerk of Court, \_\_\_\_\_, \_\_\_\_\_,  
(Office) (District #) (Circuit #)

\_\_\_\_\_ ; my legal residence is Osceola County, Florida; I am a qualified elector  
(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)

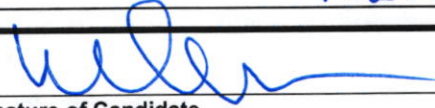
*(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)*

I am a member of the Democratic 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): 114736171

**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.]*

KELVIN SOTO

<b>X</b> 	(407) 9929252	attorneykel@gmail.com
<b>Signature of Candidate</b>	Telephone Number	Email Address
20 S Rose Ave, Suite 6	Kissimmee	FL 34741
Address	City	State ZIP Code

**STATE OF FLORIDA**  
**COUNTY OF** Osceola

  
**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 5 day of June, 2020.  
 Personally Known: \_\_\_\_\_ or Produced Identification: X  
 Type of Identification Produced: FL DL

