## **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 11 '20 PM1:01 OSC SOE

☐ Write-in candidate	No. (1)	OFFICE USE ONLY
Candidate Oath  (Section 99.021(1)(a), Florida Statutes)  (Print name above as you wish it to appear on the balloi. If your last name consists of two or more names but has no hyphen, check box		
	(Office)	(District #)
(Circuit #) , (Group or Seat #) ; I am a qualified elector of		County, Florida;
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): 11727272		
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.]		
X Flial 347 526-6679 en harinton De Chot Mail Signature of Candidate  Telephone Number  Email Address  Address  City  State  ZIP Code		
STATE OF FLORIDA	_ Caormain	e
COUNTY OF OSCIOLA	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Not	ary Public below:
Sworn to (or affirmed) and subscribed before me by physical or	CAITLIN A. GERMAIN	
online presence this day of JUNC, 20_20.	MY COMMISSION # GG 09 EXPIRES: April 12, 202 Bonded Thru Notary Public Unde	1 15
Personally Known: or Produced Identification:	- Settlem	A PROPERTY OF THE PROPERTY OF
Type of Identification Produced: DL-H652.293.72.098	3.0	