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

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OFFICE USE ONLY

Candidate Oath			
I JOSE MARTINEZ	(Section 99.021(1)(a), Flo	rida Statutes)	
I, JOSE MARTINEZ			
(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 ST. CLOUD CITY COUNCIL			
		(Office)	(District #)
(Circuit #) , SEAT 3 ; I am a q	ualified elector of Osce	ola	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):			
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.] HO - SAY MAR - TEEN - ES			
X Share	(321) 895 - 0500	JAM@VOT	EJOSEMARTINEZ.COM
Signature of Candidate	Telephone Number		Email Address
3306 CYPRESS POINT CIR	ST. CLOUD	, FL	33772
STATE OF FLORIDA COUNTY OF	City Sig	nature of Notary Public t, Type, or Stamp Commission	ned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me physical presence this 22 day of Personally Known: or Produced Identification Type of Identification Produced:	by means of, 20	1	My Comm. Expires April 14, 2025 No. HH 117243 OF FLORING