

- 1	2. Name of Candidate (in this order. First, Middle, Last)		include post office box of street, city, state, zip	
	JAMES. N HERRING	code)	2575 MURRAY PASS	
-	4 Jelenhone 5 E-mail address	6	DESSA, FL 33556	
	127 1207-3491 JNH350 ADLICOM			
	6. Office sought (include district, circuit, group number)		7. If a candidate for a nonpartisan office, check	f
			applicable:	
	CODTSR SEAT 3		My intent is to run as a Write-In candida	ite.
	8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a			
	Write-In No Party Affiliation		Party candidate.	
	9. I have appointed the following person to act as my X Campaign Treasurer Deputy Treasurer			
ſ	10. Name of Treasurer or Deputy Treasurer			
	NA JAMES. N. HERRING			
	11. Mailing Address		12. Telephone	



