## 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

## **RECEIVED**

FEB 0 9 2021

CITY OF PORT RICHEY

	OFFICE USE ONLY
	ate Oath (a), Florida Statutes)
hyphen, check box . (See page 2 - Compound Last I	If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying.
Although a write-in candidate's name is not printed on the base am a candidate for the nonpartisan office of	(District #)
(Circuit #) (Group or Seat #); I am a qualified elector of	^
have qualified for no other public office in the state, the term o	to hold the office to which I desire to be nominated or elected; I of which office or any part thereof runs concurrent with the office required to resign pursuant to Section 99.012, Florida Statutes; Constitution of the State of Florida.
Candidate's Florida Voter Registration Number (located on yo	our voter information card): 196500126
Phonetic spelling for audio ballot: Print name phonetically oballot as may be used by persons with disabilities (see instruction	on the line below as you wish it to be pronounced on the audions on page 2 of this form): [Not applicable to write-in candidates.]
Signature of Candidate  Telephone Number  Ross Grand Blvil Rost Richery	Ehrail Address  State  Kapp. 3eth 0 gue'l Con Ehrail Address  34663  State  ZIP Code
	State ZIP Code
STATE OF FLORIDA  COUNTY OF Table	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: