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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BRIAN E. CORLEY SUPERVISOR OF ELECTIONS OFFICE USE ONLY DADE CITY, FLORIDA

Candidate Oath		
(Section 99.021(1)(a)), Florida Statutes)	
I, ANDREW P. MENDENHALL		,
(Print name above as you wish it to appear on the ballot. If		
hyphen, check box [] (see page 2 - Compound Last Nam Although a write-in candidate's name is not printed on the hall	· -	
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 SEVEN OAKS	(Office)	, N/A ,
1		
$\frac{N/A}{(Circuit \#)}$, $\frac{\# 1}{(Group or Seat \#)}$; I am a qualified elector of _	MASCO	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.]		
ANN DRU P MEN DEN HALL		
X (813) 379-	5394 DODDICH	
		970 Cman 12
Signature of Candidate Telephone Number	Email	970 6 MAIL, COM Address
2		Address
26926 SHOREGRASS DR. WELLY (MAPER	FL	Address 3 3 5 4 4
2		Address
26926 SHOREGRASS DR. WELLEY (MAPER Address City	F L State	Address 33544 ZIP Code
26926 SHOREGRASS DR. WELLY (MAPER	State State Signature of Notary Public	Address 33544 ZIP Code
26926 SHOREGRASS DR. WELLY (MAPER Address City	State State Takke Whork H	Address 33544 ZIP Code
26926 SHOREGRASS DR. Wesley (MAPER Address City	State State Signature of Notary Public	Address 33544 ZIP Code
26926 SHOREGRASS DR. Wesley (MAPPER Address City STATE OF FLORIDA COUNTY OF TASC O	State State Signature of Notary Public Print, Type, or Stamp Commissioned Name	ZIP Code and Address ZIP Code and Address
26926 SHOREGRASS DR. Wesley (MA per Address City STATE OF FLORIDA COUNTY OF CO Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence	State Signature of Notary Public Print, Type, or Stamp Commissioned Name KATHLEEN M. ABE Notary Public	ZIP Code and Walters e of Notary Public below:
Address Dn. Wesley (MM per Address City STATE OF FLORIDA COUNTY OF COC Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this 10 day of, 20 22	State Signature of Notary Public Print, Type, or Stamp Commissioned Name KATHLEEN M. ABE Notary Public State of Florida Comm# HH1517	Address 33544 ZIP Code e of Notary Public below:
26926 SHOREGRASS DR. Wastey (MM per Address City STATE OF FLORIDA COUNTY OF COC Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence	State Signature of Notary Public Print, Type, or Stamp Commissioned Name KATHLEEN M. ABE Notary Public State of Florida	Address 33544 ZIP Code a to the control of the c