CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE

Check applicable one:

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Check applicable one.	10 000 10 1H d. 31
□ Candidate with party affiliation	SUPERVISOR OF ELECTIONS
☐ Candidate with no party affiliation	NEW PORT RICHEY, FLORIDA
☐ Write-in candidate	OFFICE USE ONLY
Candidate Oath	
)(a), Florida Statutes)
I, Kelly Smith	31 407
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. e ballot, the name must be printed above for oath purposes.)
am a candidate for the office ofCounty Com	
. (Office	ce) (District #) (Circuit #)
; I am a qualified elector of?	County, Florida; I am qualified
(Group or Seat #) under the Constitution and the Laws of Florida to hold the offic	e 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 a	any part thereof runs concurrent with the office I seek; and I have
resigned from any office from which I am required to resign pu	ursuant to Section 99.012, Florida Statutes; and I will support the
Constitution of the United States and the Constitution of the St	
Statement of Party (Section 99.021(1)(b), Florida Statutes)	
(Complete Statement of Party only if you are seeking to qualify	y for nomination as a party candidate.)
I am a member of the	Party; I have not been a registered member of any other political
party for 365 days before the beginning of qualifying preceding	g the general election for which I seek to qualify; and I have paid
the assessment levied against me, if any, as a candidate for sa	aid office by the executive committee of the political party, of which
I am a member.	
Candidate's Florida Voter Registration Number (located on	your voter information card): 102998349
	on the line below as you wish it to be pronounced on the audio
	ons on page 2 of this form): [Not applicable to write-in candidates.]
KELEE Smith	
X Vindutt (813) 716-8	454 Kelly@ Kellysmith formasco county, com
Signature of Candidate Telephone Number	Email Address
3537 Fortingale Dr. Wesle	4 Chapel FL 33543
Address	State ZIP Code
STATE OF FLORIDA	anges .
COUNTY OF Hillsborough	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me this 15th	BARBARA A, BORGES
day of	MY COMMISSION # FF 178591 EXPIRES: February 6, 2019 Bonded Thru Notary Public Underwriters
Personally Known: or Produced Identification:	
Type of Identification Produced:	properties and the properties of the properties