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JUDICIAL OFFICE Check box only if you are seeking to qualify as a	SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER
write-in candidate:	ELECTION SERVICE CENTER
Write-in candidate	
	OFFICE USE ONLY
Candidate Oath (Section 105.031, Florida Statutes) I, JAMES V. Pierce	
(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 judicial office of $P_i Nellas$	County Judge 2 · Sixth ·
10; my legal residence is Piana 1/a	(Office) (District #) (Circuit #) C County, Florida; I am a qualified elector
(Group #)	
of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 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. <b>Section 876.05, Florida Statutes, oath</b> (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.	
Candidate's Florida Voter Registration Number (located on your voter information card): 10681510	
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.]	
Signature of Candidate Telephone Number	Email Address
Address City	State ZIP Code
	Signature of Notary Public
COUNTY OF <u>Rnellas</u> Swom to (or affirmed) and subscribed before me by physical or online _ presence this day of <u>April</u> , 20 <u>30</u> . Personally Known: or Produced Identification: Type of Identification Produced:	Print, Type, or Stamp CommIssioned Name of Notary Public below: WENDY GRIMES Notary Public - State of Florida Commission # GG 279988 My Comm. Expires Jan 26, 2023 Bonded through National Notary Assn.

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DS-DE 303JU (Rev. 04/20)