CANDIDATE OATH -	
STATE AND LOCAL PARTISAN OFFICE	
Check applicable one:	RECEIVED
Candidate with party affiliation	2020 JUN -8 PM 123 JE
Candidate with no party affiliation	SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER
Write-in candidate	OFFICE USE ONLY
Candidate Oath (Section 99.021(1)(a), Florida Statutes) I, Ken Burke (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 office of Clerk of the Circuit Cou	urt & Comptroller Pinellas , Pinellas ,
(Office) (District #) (Circuit #) Pinellas ; my legal residence is Pinellas County, Florida; I am a qualified elector (Group or Seat #) 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.	
Statement of Party (Section 99.021(1)(b), Florida Statutes)	
(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)	
I am a member of the <u>Republican</u> Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said 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):	
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.]	
X (727) 415-2	its diffe 12 Gran pasay in 100 in
Signature of Candidate Telephone Number PO Box 3392 Seminole	r Email Address FL 33775
Address City	State ZIP Code
STATE OF FLORIDA	plaren E. ham
COUNTY OF <u>PINEILOS</u>	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by \checkmark physical or online presence this $13H$ day of $10H$, 2020 . Personally Known: \checkmark or Produced Identification: $_$	KAREN E. LAMB Commission # GG 184434 Expires March 19, 2022 Bonded Time Budget Notary Services
Type of Identification Produced:	