CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION	RECEIVED JUN 13 2022 BY: _LK_

OFFICE USE ONLY

Candidate Oath
(Section 99.021(1)(a), Florida Statutes)

I, _Leo Mobley_ ,

(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.)

am a candidate for the office of _County Commissioner_ , _4_ , _____ ,
(Office) (District #) (Circuit #)

_____ ; my legal residence is _Suwannee_ 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)

I am a member of the _Republican_ Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, 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, by the executive committee of the above-stated political party.

Candidate's Florida Voter Registration Number (located on your voter information card): _108350659_

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*):

X _Leo Mobley Jr._ (386) 249 - 3292 _LeoMobley@gmail.com_
Signature of Candidate Telephone Number Email Address

_15816 59th Dr._ _Welborn_ _Fla_ _32094_
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF _Suwannee_

Jennifer Kinsey
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of online notarization ☐ OR physical presence ☒ this _13_ day of _June_ , 20_22_

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

JENNIFER M KINSEY
NOTARY PUBLIC
STATE OF FLORIDA
NO. GG360684
MY COMMISSION EXPIRES AUG. 22, 2023

DS-DE 301A (Rev. 08/2021)

Rule 1S-2.0001, F.A.C.