

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

**RECEIVED**  
JUN 13 2022  
BY: *[Signature]*

**OFFICE USE ONLY**

**Candidate Oath**

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

I, Maurice E. Perkins *Maurice E. Perkins*,  
(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 *Dist 2*,  
(Office) (District #) (Circuit #)

; my legal residence is 505 Lafayette Ave L.O. 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 Democratic 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): 108344299

**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):

Maurice E. Perkins *[Signature]* M2.Perkins62@va.gov.com  
Signature of Candidate Telephone Number Email Address  
505 Lafayette Live Oak Fl. 32064  
Address City State ZIP Code

**STATE OF FLORIDA**  
**COUNTY OF** Sumner

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, 2022  
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