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CANDIDATE OATH –
NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)

Check box *only* if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

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Candidate Oath

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

I, ___Markesha James___

(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 nonpartisan office of ___City Commissioner___ , ___
                                                   (Office)   (District #)

_____ , ___5___ ; I am a qualified elector of ___Volusia___ County, Florida;
(Circuit #)   (Group or Seat #)

I am qualified 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.

Candidate's Florida Voter Registration Number (located on your voter information card): ___1086043898___

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.]*

___Mahr-Kee-shuh Jayms___

X ___(signature)___   (386) 589-2310   jamesmarkesha1@gmail.com
Signature of Candidate   Telephone Number   Email Address

700 S. Clara Ave.   Deland   FL   32720
Address   City   State   ZIP Code

STATE OF FLORIDA

COUNTY OF ___Volusia___

Sworn to (or affirmed) and subscribed before me this ___21st___ day of ___June___ , 20 ___18___ .

Personally Known: ___✓___ or Produced Identification: _____

Type of Identification Produced: _____

___Julie A. Hennessy___
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

DS-DE 302NP (Rev. 11/17)   Rule 1S-2.0001, F.A.C.