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

RECEIVED

OFFICE OF THE CITY CLERK

DATE 6-18-18

	OFFICE USE ONLY
Candidate Oath (Section 99.021(1)(a), Florida Statutes)	
(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	(Office)
(Circuit #) (Group or Seat #)	5myrna Brach Volume County, Florida;
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):	
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 MMM/GCA (973) 221-5813 Signature of Candidate Telephone Number 105 VIA CAPALNEW SMYRNA BAR Address City	- 71
STATE OF FLORIDA	State Day Hadson
COUNTY OF Valusia Signa Print, 1	ype, or Stamp (1977) pission water electron Public below:
Sworn to (or affirmed) and subscribed before me this 18 Comm# FF237769 Expires 8/13/2019	
Personally Known: or Produced Identification:	
Type of Identification Produced:	