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

	OFFICE USE ONLY
(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	Port Orange City Council, 1 (District #)
(Circuit #) (Group or Seat #)	alified elector of 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): 11548639	
	re phonetically on the line below as you wish it to be pronounced on the audio as (see instructions on page 2 of this form): [Not applicable to write-in candidates.] Red Fo - Lee
739 Horseman Dr. F	Johnny reed foley Egmail.com Felephone Number FL 32127 City State State ZIP Code
STATE OF FLORIDA	HARANIVATIONIIHAL.
COUNTY OF 10/14/2	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: