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
Write-in candidate	0 - 41-
Candidate Oath (Section 99.021(1)(a), Florida Statutes)	
1 -2 00-5 100-05/19/	
(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 (Print name above as you wish it to appear on the ballot. Names). No change can be made after the end of qualifying.	
(Print name above as you wish it to appear on the ballot. If your last name considered the end of qualifying. 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 band, the hame have	
am a candidate for the nonpartisan office of PIERSON TOWN COUNCIL (District #)	
am a candidate for the nonparticular	
, StAT 2; I am a qualified elector of _	Vocusza County, Florida;
0+4	to be nominated or elected.
(Circuit #) (Group or Seal #) 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	
the state the term of which office of any part the form of which office of any part the state of the term of which office of any part the state of the term of which office of any part the state of the term of which office of any part the state of the term of which office of any part the state of the term	
have recigned from any office from which I am required to resign pursuant to design	
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): 108786151	
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.]	
ballot as may be used by persons with disabilities (
L. JA MCZ MA CON	
v10 0 ham (380717-	2142 XIA
A ((/me) (mede	Email Address
Signature of Candidate	F1 32180
469 WESTERR TIO	State ZIP Code
Address	I III NAMA AN
STATE OF FLORIDA	Signature of Notary Public
COUNTY OF VOISIA.	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	CARMEN M RIVERA-SPELORZI
	Notary Public State of Florida
offillie floralization 2022	My Comm. Expires Mar 24, 2026 Bonded through National Notary Assn.
this	
Personally Known OR Produced Identification Type of Identification Produced:	