

**CANDIDATE OATH -  
CANDIDATE WITH PARTY AFFILIATION**

SUPERVISOR OF ELECTIONS  
6495 CAROLINE ST., STE. F  
MILTON, FL 32570-4592

2014 JUN 16 PM 12 00

OFFICE USE ONLY

**OATH OF CANDIDATE** (Section 99.021, Florida Statutes)

I, Jim MELVIN  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of COUNTY COMMISSIONER DIST 2  
(office) (district #) (circuit #)

; I am a qualified elector of SANTA ROSA County, Florida; I am qualified  
(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.

Candidate's Florida Voter Registration Number (located on your voter information card): 107615055

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

JIM MELVIN

**STATEMENT OF PARTY** (Section 99.021, Florida Statutes)

I am a member of the REPUBLICAN Party; I have not been a registered member of any other political party 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, as a candidate for said office by the executive committee of the political party, of which I am a member.

X Jim Melvin 850-324-7143 jimmelm@vln32583@  
Signature of Candidate Telephone Number Email Address yanoo.com

3893 WARD BASIN Rd Milton FL 32583  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Santa Rosa

Sworn to (or affirmed) and subscribed before me this 3<sup>rd</sup> day of June, 2014.

Personally Known: \_\_\_\_\_ or

Produced Identification: DL

Type of Identification Produced: Driver's License

Elijah C. Burnett  
Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public  
**ELIJAH C. BURNETT**  
MY COMMISSION #FF100190  
EXPIRES March 10, 2018  
(407) 398 0153 FloridaNotaryService.com