

CANDIDATE OATH -
CANDIDATE WITH PARTY AFFILIATION

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

2014 JUN 18 PM 4 11

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Robert "Bob" Cole

(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, 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): _____

* 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):

Bob Cole

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

Signature of Candidate

(850) 623-0006
Telephone Number

BobColeA10@gmail.com
Email Address

8651 Riverstone 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 18th day of June, 2014.

Personally Known: ✓ or

Produced Identification: _____

Type of Identification Produced: _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

MICHELLE R PEETERSE

NOTARY PUBLIC

STATE OF FLORIDA

Comm# FF044580

Expires 8/11/2017

