

This is the file of Precinct Committeeperson paperwork for the Democratic Party filed with the Alachua County Supervisor of Elections office prior to the Noon deadline on June 24<sup>th</sup>, 2016.

Based on the current party rules, the races for Precinct 05 Committeeman, Precinct 07 Committeeman, Precinct 27 Committeewoman, Precinct 27 Committeeman, and Precinct 33 Committeewoman will appear on the August 30<sup>th</sup> ballot.

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:41

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Cindy Rosenfeld  
(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 Precinct  Committeeman  Committeewoman Precinct Number 2

I am a qualified elector of Alachua 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; 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): 117831662

\* 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):  
Cindy Rosenfeld

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Cindy Rosenfeld (352) 485-2520 cindrs@aol.com  
Signature of Candidate Telephone Number Email Address

1001 NW 192 Ave Gainesville FL 32609  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

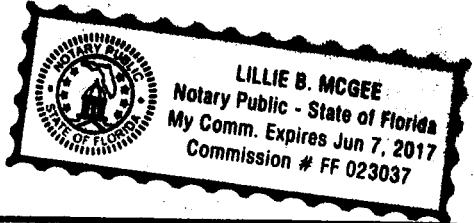
Sworn to (or affirmed) and subscribed before me this 8th day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Lillie B. McGee  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:41

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, DOROTHY A. BLAIR  
(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 Precinct  Committeeman  Committeewoman Precinct Number 03

I am a qualified elector of ALACHUA 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; 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): 100385754

\* 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):

Doro-thee Bl-air

~~Do-let POWA for Ten head yet Bed lame cat fit Red~~

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the DEMOCRAT 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 Dorothy A. Blair (386) 418.2078 alean@windstream.net  
Signature of Candidate Telephone Number Email Address

8313 N.W. CR 235 - ALACHUA FLORIDA 32615  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 18 day of May, 2016.

Personally Known:  or

Produced Identification:

Type of Identification Produced: Fla license

Larry M. Saunders  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



16 JUN 24 AM 10:41

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Kameelah H. Spence  
(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 Precinct  Committeeman  Committeewoman Precinct Number 04

I am a qualified elector of Alachua 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; 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): 109954656

\* 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):

KAH-me-la

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Kameelah H. Spence (305) 815-6216 kameelahhsponce@gmail.com  
Signature of Candidate Telephone Number Email Address

25126 sw 21 place Newberry FL 32669  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

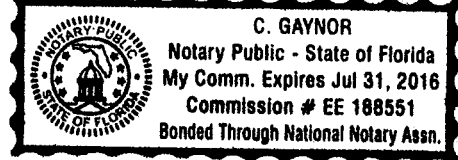
Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of June, 2016.

Personally Known: to me or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

C. Gaynor  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:26

16 JUN 24 AM 10:23

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Ryan Prodosky  
(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 Precinct  Committeeman  Committeewoman Precinct Number 05

I am a qualified elector of Alachua 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; 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): 100339319

\* 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):

Pro - Dos - ky , Ryan

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

<b>X</b>	<u>(07) 2678176</u>	
Signature of Candidate	Telephone Number	Email Address
<u>2015 SW 2nd Gausy Dr</u>	<u>FL</u>	<u>32607</u>
Address	City	State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of June, 2016.

Personally Known:  or

Mark Kevin Glaeser  
Signature of Notary Public

Produced Identification: \_\_\_\_\_

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: \_\_\_\_\_



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 24 AM 10:25

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Robert T. Mounts

(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 Precinct  Committeeman  Committeewoman Precinct Number 5

I am a qualified elector of Alachua 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; 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): 100538302

\* 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):

Rob-ert Mounts

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Robert T. Mounts (352) 665-9296 robert.t.mounts@gmail.com  
Signature of Candidate Telephone Number Email Address

1639 NW 11th Road Gainesville FL 32605-5319  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 21st day of June, 2016.

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

Mark Kevin Glaeser

Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: ✓

Type of Identification Produced: DL



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 21 AM 10:04

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, VINCENT J. LIPSIO

(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 Precinct  Committeeman  Committeewoman Precinct Number FIVE (5)

I am a qualified elector of ALACHUA 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; 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): 100416991

\* 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):

VIN-sent JAI LI-psee-o

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the DEMOCRATIC 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.

Vincent J. Lipsio, Jr. (352) 336-6343 VINCE@LIPSIO.COM  
Signature of Candidate Telephone Number Email Address

1708 NW 10<sup>th</sup> AVE., GAINESVILLE, FLORIDA 32605-5310  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

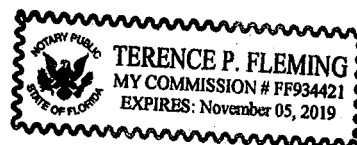
Sworn to (or affirmed) and subscribed before me this 20<sup>th</sup> day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Terence P. Fleming  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



16 JUN 24 AM 10:41

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Joey Grossman  
(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 Precinct  Committeeman  Committeewoman Precinct Number 5

I am a qualified elector of Alachua 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; 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): 121584214

\* 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):

Joe-ee gross-man

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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] 1954303-6033 josephgrossman@ufl.edu  
Signature of Candidate Telephone Number Email Address

1433 NW 3rd Ave - Gainesville FL 32603  
Address City State ZIP Code

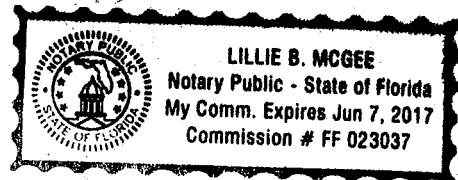
STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 11th day of MAY, 2016

Personally Known: [Signature] or  
Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public





CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2018 JUN 20 PM 12:24  
OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, John Damoulis  
(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 Precinct  Committeeman  Committeewoman Precinct Number 5

I am a qualified elector of Alachua 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; 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): 100502966

\* 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):  
JAHN DOOMOLAN

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

John Damoulis (352) 351-5684 damoulisjohn@yahoo.com  
Signature of Candidate Telephone Number Email Address

2021 NW 15 Ave Gainesville FL 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 10th day of June, 2016

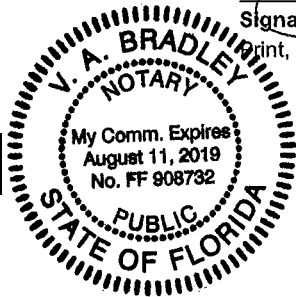
Personally Known: \_\_\_\_\_ or

Produced Identification: FIDLV

Type of Identification Produced:

FIDLV [Redacted]

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:05

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Latwania M. Brown

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

I am a candidate for the office of Precinct  Committeeman  Committeewoman Precinct Number 07

I am a qualified elector of Alachua 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; 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): 100431923

\* 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):

La-Twun - ya - Brun

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Alachua Democratic 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.

352

X Latwania M Brown 215-2363 latwaniabrown  
Signature of Candidate Telephone Number Email Address @yahoo.com

1500 NW 12th St N-23 Gainesville FL 32601  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

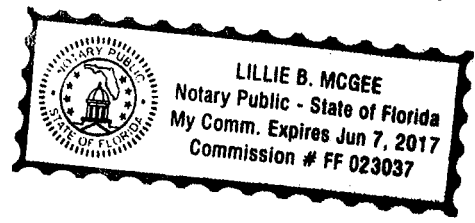
Sworn to (or affirmed) and subscribed before me this 17th day of MAY, 2016

Personally Known yes or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: NRG ID

Lillie B. McGee  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



16 JUN 24 AM 9:00

**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

OFFICE USE ONLY

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

I, Casey Willits  
(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 Precinct  Committeeman  Committeewoman Precinct Number 7

I am a qualified elector of Alachua 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; 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): 122445280

\* 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):  
\_\_\_\_\_

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

I am a member of the Democratic 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.

Casey Willits (479) 283-1336 casey.willits@gmail.com  
Signature of Candidate Telephone Number Email Address

716 NW 11th Ave Gainesville FL 32601  
Address City State ZIP Code

**STATE OF FLORIDA**

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 23rd day of July, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
\_\_\_\_\_

Terence P Fleming  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 24 AM 10:41

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Michael P Vaavel Jr  
(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 Precinct  Committeeman  Committeewoman Precinct Number 17

I am a qualified elector of Alachua 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; 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): 100548131

\* 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):

M-EE-KAL P VAH-RVEL

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

[Signature] (352) 214-1579 Fuzzybeagville  
Signature of Candidate Telephone Number Email Address

612 NW 10th Ave APT A Gainesville FL 32601  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 24 day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



'16 JUN 24 AM 11:11

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Julius Kinsey  
(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 Precinct  Committeeman  Committeewoman Precinct Number 07

I am a qualified elector of Alachua 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; 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): 116408037

\* 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):

Jew-tun kin-sey  
*Jew-tec-un*

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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]  
Signature of Candidate

Telephone Number

julian.kinsey@outlook.com  
Email Address

REDACTED

Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

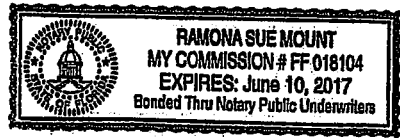
Sworn to (or affirmed) and subscribed before me this 24th day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

06:06 AM JUN 24 '16

OFFICE USE ONLY

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

I, Timothy Neal Martin  
(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 Precinct  Committeeman  Committeewoman Precinct Number 10

I am a qualified elector of Alachua 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; 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): 100391668

\* 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):

TIM MARTIN

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

I am a member of the Democratic 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.

[Signature] (352) 328-9586 mitnitra@gmail.com  
Signature of Candidate Telephone Number Email Address

10430 SW 12 Terr Micanopy Fla 32667  
Address City State ZIP Code

**STATE OF FLORIDA**

COUNTY OF Alachua

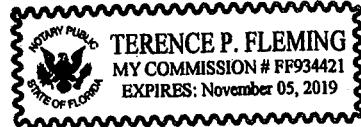
Sworn to (or affirmed) and subscribed before me this 21st day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Terence P. Fleming  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

2016 JUN 23 PM 05:05

OFFICE USE ONLY

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

I, SANDRA DOUGLAS  
(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 Precinct  Committeeman  Committeewoman Precinct Number 10

I am a qualified elector of ALACHUA 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; 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): 105728289

\* 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):

SANDRA DOUGLAS

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

I am a member of the DEMOCRATIC 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] 954254-6660 DEM IN SWAMP @EMAIL.COM  
Signature of Candidate Telephone Number Email Address  
1172 SE 149th PL MICASOBY FL 32667  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 17th day of MAY, 2016.  
Personally Known: \_\_\_\_\_ or  
Produced Identification: \_\_\_\_\_  
[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
FDL [Redacted]



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:41

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Robert (Bob) Pratt

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

I am a candidate for the office of Precinct  Committeeman  Committeewoman Precinct Number 10

I am a qualified elector of Alachua 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; 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): 100393728

\* 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):

ROBERT (BOB) PRATT

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Robert Pratt (352) 222-3574 prattb466@bellsouth.net  
Signature of Candidate Telephone Number Email Address

13924 US Hwy 441 S Micanopy FL 32667  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 23 day of May, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Larry M. Saunders  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public





CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM 05:05

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, FRANCIS ANDREW MCGILL

(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 Precinct  Committeeman  Committeewoman Precinct Number 4

I am a qualified elector of NAHCUW 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; 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): 100548374

\* 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):

FRANCIS ANDREW MCGILL

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the DEMOCRATIC 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.

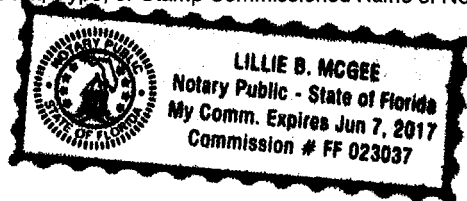
[Signature] (852) 371-8233 butrytabia@att.net  
Signature of Candidate Telephone Number Email Address

6506 SW 135th prater FL 32618  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of MAY, 2016  
Personally Known: yes or  
Produced Identification: \_\_\_\_\_  
Signature of Notary Public [Signature]  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: \_\_\_\_\_



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 24 AM 10:25

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Martha Miller

(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 Precinct  Committeeman  Committeewoman Precinct Number 12

I am a qualified elector of Alachua 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; 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): 115328197

\* 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):

Martha Miller

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Martha Miller  
Signature of Candidate

(352) 328-0005  
Telephone Number

TOOPIEORNOT@GMAIL.COM  
Email Address

504 N.W. 37<sup>th</sup> Pl., Gainesville FL 32609-2200  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 23<sup>rd</sup> day of June, 2014.

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

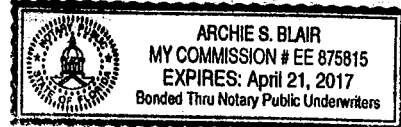
Produced Identification: FL Driver's license

Type of Identification Produced:

Florida Driver's license

[Signature]  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:41

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Jennifer "Jenn" Powell

(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 Precinct  Committeeman  Committeewoman Precinct Number 12

I am a qualified elector of Alachua 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; 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): 104273135

\* 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):

GIN Powell

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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]  
Signature of Candidate

(852) 215-2243  
Telephone Number

acr4peace@gmail.com  
Email Address

556 NW 31<sup>st</sup> Ave. Gainesville.  
Address

City

FL  
State

32609  
ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 7 day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

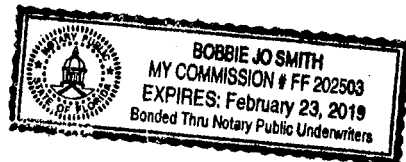
Type of Identification Produced:

DL

[Signature]  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Bobbie Jo Smith



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:41

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Sherrel J. Brockington  
(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 Precinct  Committeeman  Committeewoman Precinct Number 13

I am a qualified elector of Alachua 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; 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): 100384793

\* 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):

Sher-rel Brock-ing-ton

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Sherrel J. Brockington (352) 377-5850 S.brockington5121eatt.net  
Signature of Candidate Telephone Number Email Address  
S.brockington025121eatt.net

1220 NE 21st CT - Gainesville FL 32641  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

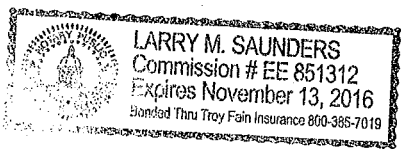
Sworn to (or affirmed) and subscribed before me this 19 day of May, 2016.

Personally Known:  or

Larry M. Saunders  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

16 JUN 24 AM 10:43

OFFICE USE ONLY

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

I, Juanita Miles Hamilton  
(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 Precinct  Committeeman  Committeewoman Precinct Number 13

I am a qualified elector of Alachua 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; 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): 100392297

\* 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):

Wa-neeta Miles Ham-il-ton

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

I am a member of the Democratic 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 Juanita M Hamilton 352 538 6502 jmilesh@cox.net  
Signature of Candidate Telephone Number Email Address  
2419 NE 8th Ave Gainesville Florida 32641  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

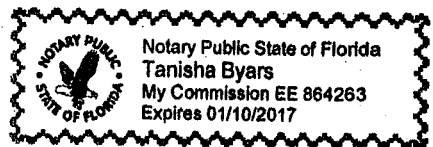
Sworn to (or affirmed) and subscribed before me this 31<sup>st</sup> day of MAY, 20 16.

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

Produced Identification: (FLDL) ✓

Tanisha Byars  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
FLORIDA DRIVER'S LICENSE



**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

2016 JUN 23 PM05:05

OFFICE USE ONLY

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

I, Anna Angell  
(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 Precinct  Committeeman  Committeewoman Precinct Number 16

I am a qualified elector of Alachua 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; 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): 121178933

\* 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):

Ana Angel

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

I am a member of the Democratic 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.

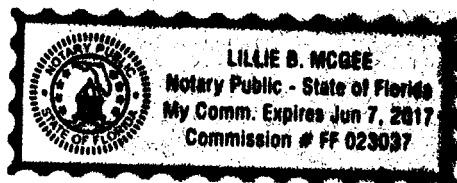
Anna Angell 1352 665-3947 ana.home@hotmail.com-uk  
Signature of Candidate Telephone Number Email Address

13200 W Newberry Rd EE177 Newberry FL 32669  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of MAY, 2016  
Personally Known: yes or  
Produced Identification: \_\_\_\_\_  
Signature of Notary Public Lillie B. McGee  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
\_\_\_\_\_



16 JUN 24 AM 10:25

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Sam Collins  
(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 Precinct  Committeeman  Committeewoman Precinct Number 16

I am a qualified elector of Alachua 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; 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): 100385940

\* 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):  
SAM Collins

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democrat 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.

Signature of Candidate [Signature] Telephone Number 1392283-2007 Email Address Sam Collins Jr  
cox.net

Address 11342 NW 31 Rd City Groveland FL State FL ZIP Code 32606

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 23<sup>rd</sup> day of June, 2016.

Personally Known:  or

Mark Kevin Glaeser  
Signature of Notary Public

Produced Identification: \_\_\_\_\_

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
\_\_\_\_\_



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, MARY ANN MEHN  
(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 Precinct  Committeeman  Committeewoman Precinct Number 17

I am a qualified elector of Alachua 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; 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): 100408152

\* 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):

MARY ANN MAIN

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Mary Ann Mehn (352) <sup>256</sup> 4563 mehn.maryann@gmail.com  
Signature of Candidate Telephone Number Email Address

1657 NW 19<sup>th</sup> Circle, Gainesville, Florida 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of June, 2016.

Personally Known:  or  
Produced Identification: \_\_\_\_\_

Mark Kevin Glaeser  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
\_\_\_\_\_





CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:05

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Pat McCollough  
(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 Precinct  Committeeman  Committeewoman Precinct Number 17

I am a qualified elector of Alachua 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; 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): 100433443

\* 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):

PAT McCollough

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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] (352) 246-7717 ofa.pat@guil.com  
Signature of Candidate Telephone Number Email Address

3122 NW 27th St Guilford FL 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

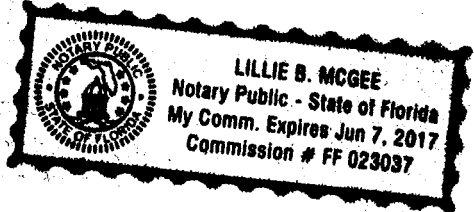
Sworn to (or affirmed) and subscribed before me this 17th day of MAY, 2016

Personally Known: yes or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

'16 JUN 21 AM 10:04

OFFICE USE ONLY

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

I, HARVEY L. WARD, JR.  
(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 Precinct  Committeeman  Committeewoman Precinct Number 17

I am a qualified elector of Alachua 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; 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): 100410120

\* 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):  
\_\_\_\_\_

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

I am a member of the DEMOCRATIC 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.

Signature of Candidate [Signature] Telephone Number (352) 214 4233 Email Address HL.WARD.JR@GMAIL.COM

Address 3116 NW 29th Ter. City Gainesville State FL ZIP Code 32605

STATE OF FLORIDA  
COUNTY OF Alachua

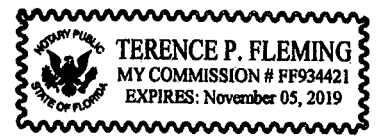
Sworn to (or affirmed) and subscribed before me this 7th day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
\_\_\_\_\_

Terence P Fleming  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 24 AM 10:25

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Mark Kane Goldstein  
(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 Precinct  Committeeman  Committeewoman Precinct Number 17

I am a qualified elector of Alachua 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; 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): 100388307

\* 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):  
Goldstein

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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] Telephone Number 352 256-4573 Email Address mebmark@gmail.com

Address 16517 NW 19th Circle City Gainesville State Fl. ZIP Code 32605

STATE OF FLORIDA  
COUNTY OF Alachua

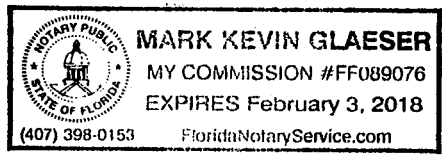
Sworn to (or affirmed) and subscribed before me this 21st day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 21 AM 10:05

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Kristen Young  
(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 Precinct  Committeeman  Committeewoman Precinct Number 18

I am a qualified elector of Alachua 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; 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): 100481062

\* 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):  
\_\_\_\_\_

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Kristen Young (352) 215-9252 kringyoung@gmail.com  
Signature of Candidate Telephone Number Email Address

5320 SW 88th CT Gainesville FL 32608  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

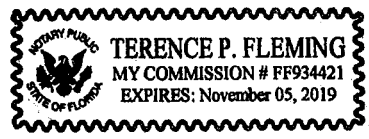
Sworn to (or affirmed) and subscribed before me this 10th day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Terence P. Fleming  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 24 AM 10:43

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Kevin W Thorpe  
(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 Precinct  Committeeman  Committeewoman Precinct Number 18

I am a qualified elector of Alachua 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; 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): 100523496

\* 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):

Kevin Thorpe

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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] (352) 219- 2218 Kevin @ elect kevin thorpe . com  
Signature of Candidate Telephone Number Email Address

5130 S.W. 81<sup>st</sup> Dr. - Gainesville Fla 32608  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 23 day of June, 2016

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:05

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Evelyn T. Foxx

(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 Precinct  Committeeman  Committeewoman Precinct Number 19

I am a qualified elector of Alachua 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; 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): 100459372

\* 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):

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Evelyn T. Foxx 352-870-87013 Foxxe1948@gmail.com  
Signature of Candidate Telephone Number Email Address

959 SE 8th St GAINESVILLE, FL 32601  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 11th day of MAY, 2016

Personally Known: yes or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Lillie B. McGee  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:51

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Barbara Shoape

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

I am a candidate for the office of Precinct  Committeeman  Committeewoman Precinct Number 19

I am a qualified elector of Alachua 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; 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): 100394988

\* 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):

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democrat 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.

Barbara Shoape (352) 376-0882 \_\_\_\_\_  
Signature of Candidate Telephone Number Email Address

1014 S.E. 10th St. Bville, FL \_\_\_\_\_  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 24<sup>th</sup> day of June, 2016.

Personally Known: \_\_\_\_\_ or  
Produced Identification:

Charles H. Turner  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
FLDW \_\_\_\_\_

NOTARY PUBLIC  
STATE OF FLORIDA  
CHARLES H. TURNER  
MY COMMISSION # FF 169280  
EXPIRES: November 19, 2018  
Bonded Thru Budget Notary Services

**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

'16 JUN 21 AM 10:04

OFFICE USE ONLY

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

I, Jane R Nesbit  
(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 Precinct  Committeeman  Committeewoman Precinct Number 20

I am a qualified elector of Alachua 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; 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): 100406264

\* 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):  
\_\_\_\_\_

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

I am a member of the Democratic 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.

Jane R Nesbit (352) 318 4164 jane.nesbit@gmail.com  
Signature of Candidate Telephone Number Email Address  
27431 NCR 1491 Alachua FL 32615  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

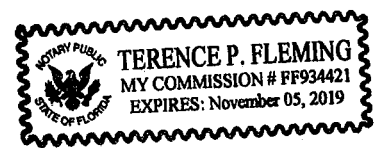
Sworn to (or affirmed) and subscribed before me this 20th day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Terence P Fleming  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public





**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

'16 JUN 21 AM 10:05

OFFICE USE ONLY

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

I, Rick Nesbit  
(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 Precinct  Committeeman  Committeewoman Precinct Number 20

I am a qualified elector of Alachua 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; 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): 100405157

\* 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):

Rick Nesbit

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

I am a member of the Democratic 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** Richard B Nesbit (352) 318 1811 rickN@altainc.com  
Signature of Candidate Telephone Number Email Address

27431 N County Road 1491 Alachua FL 32615  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

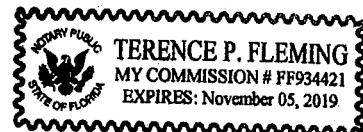
Sworn to (or affirmed) and subscribed before me this 21st day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Terence P. Fleming  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 23 PM 2:26

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Marna R. Weston

(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 Precinct  Committeeman  Committeewoman Precinct Number 20

I am a qualified elector of Alachua 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

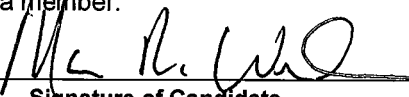
Candidate's Florida Voter Registration Number (located on your voter information card): 105212281

\* 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):

Mahr-nuh West-uhn

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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**  (352) 219-7514 mweston@ufl.edu  
Signature of Candidate Telephone Number Email Address

PO Box 1691(23440 W US 27) High Springs FL 32655(32643)  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

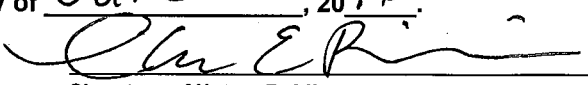
Sworn to (or affirmed) and subscribed before me this 23 day of June, 2016.

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

Produced Identification FLDL

Type of Identification Produced:

Florida Drivers Lic.

  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CHERYL E. PHILLIPS  
MY COMMISSION # FF 213573  
EXPIRES: June 5, 2019  
Bonded Thru Budget Notary Services

'16 JUN 24 AM 10:24

**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

OFFICE USE ONLY

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

I, Carolyn Kinnard Ziffer  
(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 Precinct  Committeeman  Committeewoman Precinct Number 21

I am a qualified elector of Alachua 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; 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): 119332903

\* 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):

Carolyn Kin-nard Ziffer

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

I am a member of the Democratic 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.

Carolyn K. Ziffer (352) 376-0754 brigid9876@yahoo.com  
Signature of Candidate Telephone Number Email Address

3743 NW 23<sup>rd</sup> Terr #101 Gainesville FL 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

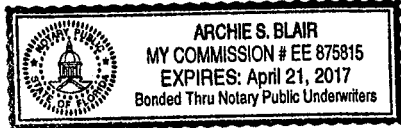
Sworn to (or affirmed) and subscribed before me this 23<sup>rd</sup> day of June, 2016

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

Produced Identification: X

Type of Identification Produced:  
Florida Identification Card

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 24 AM 9:00

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Jocelyn Peskin  
(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 Precinct  Committeeman  Committeewoman Precinct Number 22

I am a qualified elector of Alachua 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; 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): 100487369

\* 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):

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Jocelyn Peskin Signature of Candidate  
352 339-4547 Telephone Number  
jocelynpeskin@hotmail.com Email Address

4634 NW 46 Ct Address Gainesville City FL State 32606 ZIP Code

STATE OF FLORIDA

COUNTY OF ALACHUA

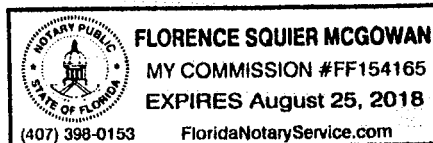
Sworn to (or affirmed) and subscribed before me this 20 day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Florence Squier McGowan  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



'16 JUN 24 AM 9:01

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, JOANNA S. WILKES  
(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 Precinct  Committeeman  Committeewoman Precinct Number 02

I am a qualified elector of ALACHUA 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; 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): 100403586

\* 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):

JOANNA WILKES

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the DEMOCRATIC 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 Joanna Wilkes (352) 374-8458 wilkes.joanna@gmail.com  
Signature of Candidate Telephone Number Email Address

4816 NW 41<sup>st</sup> Lane GAINESVILLE FL 32606  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

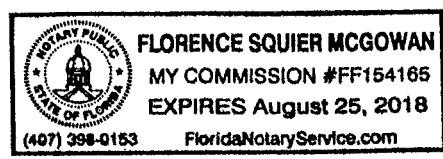
Sworn to (or affirmed) and subscribed before me this 20 day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Florence Squier McGowan  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM 05:05

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, RICHARD POWELL  
(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 Precinct  Committeeman  Committeewoman Precinct Number 22

I am a qualified elector of ALACHUA 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; 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): 100447069

\* 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):

RICHARD POWELL

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the DEMOCRATIC 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 Richard Powell (352) 337-0777 <sup>43</sup> rhpowell43@gmail.com  
Signature of Candidate Telephone Number Email Address

5717 NW 38th PL GAINESVILLE FLA 32606  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

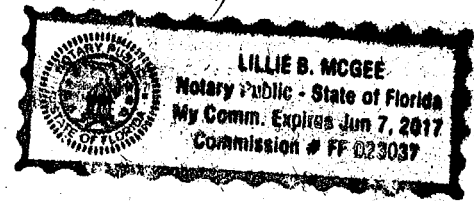
Sworn to (or affirmed) and subscribed before me this 11th day of MAY, 2016.

Personally Known: WPC or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Lillie B. McGee  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:05

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Cathy Cook  
(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 Precinct  Committeeman  Committeewoman Precinct Number 23

I am a qualified elector of Alachua 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; 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): 100407876

\* 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):

C-A-T-H-W-Y C-U-H-K

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Cathy Cook (352) 373-4609 cookca08@gmail.com  
Signature of Candidate Telephone Number Email Address

2602 SW 14th Dr Gainesville, FL 32608  
Address City State ZIP Code

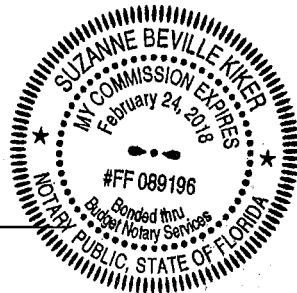
STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 23 day of May, 20 16.  
Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



Suzanne Beville Kiker  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

16 JUN 24 AM 10:43

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Elizabeth B. Horne

(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 Precinct  Committeeman  Committeewoman Precinct Number 23

I am a qualified elector of Alachua 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; 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): 100401939

\* 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):

Liz Horne

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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] 352 328-4478 lizhorne56@gmail.com  
Signature of Candidate Telephone Number Email Address

2141 SW 38<sup>TH</sup> Court Gainesville FL 32608  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

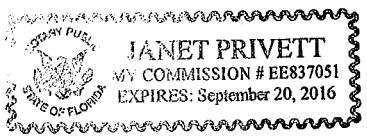
Sworn to (or affirmed) and subscribed before me this 16 day of May, 2016.

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

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: FL Dr Lic

Type of Identification Produced:  
[Redacted]





CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:05

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Thomas Logan  
(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 Precinct  Committeeman  Committeewoman Precinct Number 23

I am a qualified elector of Alachua 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; 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): 100506545

\* 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):

T-A-H-M-U-H-S L-O-G-U-H-N

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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] (352) 373-4609 logan\_t@outlook.com  
Signature of Candidate Telephone Number Email Address

2602 SW 14th Dr, Gainesville FL 32608  
Address City State ZIP Code

STATE OF FLORIDA

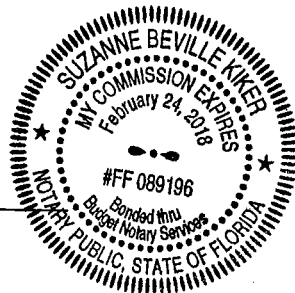
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 23 day of May, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

'16 JUN 21 AM 10:04

OFFICE USE ONLY

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

I, Susan Bottcher  
(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 Precinct  Committeeman  Committeewoman Precinct Number 24

I am a qualified elector of Alachua 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; 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): 100397070

\* 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):

Su-san Botch-er

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

I am a member of the Democratic 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.

Susan Bottcher (352) 378 5492 swbottcher@swet.com  
Signature of Candidate Telephone Number Email Address

3448 NW 12 Ave Gainesville FL 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

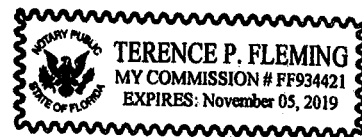
Sworn to (or affirmed) and subscribed before me this 10th day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Terence P. Fleming  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



16 JUN 24 AM 9:00

**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

OFFICE USE ONLY

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

I, SUSAN MICKELBERRY  
(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 Precinct  Committeeman  Committeewoman Precinct Number 24

I am a qualified elector of ALACHUA 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; 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): 100400987

\* 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):  
\_\_\_\_\_

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

I am a member of the DEMOCRATIC 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 Susan Mickelberry (352) 317-7442 smickelb@att.net  
Signature of Candidate Telephone Number Email Address

3702 NW 20th Place Gainesville FL 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

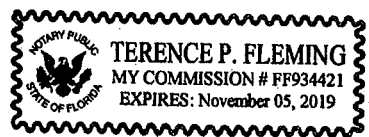
Sworn to (or affirmed) and subscribed before me this 23rd day of June, 2014.

Personally Known: X or

Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
\_\_\_\_\_

Terence P. Fleming  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

16 JUN 23 PM 4:08

OFFICE USE ONLY

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

I, WARREN NIELSEN

(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 Precinct  Committeeman  Committeewoman Precinct Number 24

I am a qualified elector of ALACHUA 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; 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): 100392923

\* 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):

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

I am a member of the DEMOCRATIC 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.

Warren Nielsen

Signature of Candidate

(352) 514-3943

Telephone Number

WCNIELSEN@COX.NET

Email Address

3524 NW 10<sup>TH</sup> AVE. GAINESVILLE

Address

City

FL

State

32605

ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Jeanna Mastrodicasa

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

**JEANNA MARIE MASTRODICASA**

**NOTARY PUBLIC**

**STATE OF FLORIDA**

**Comm# FF074557**

**Expires 12/4/2017**



**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

16 JUN 21 AM 10:05

OFFICE USE ONLY

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

I, Bryan Eastman

(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 Precinct  Committeeman  Committeewoman Precinct Number 25

I am a qualified elector of Alachua 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; 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): 115506497

\* 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):  
\_\_\_\_\_

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

I am a member of the Democratic 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 Bryan (850) 933-1524  
Signature of Candidate Telephone Number Email Address

413 NW 3rd Ave Gainesville Florida 32601  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

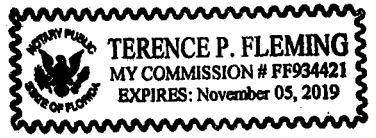
Sworn to (or affirmed) and subscribed before me this 10th day of June, 2016.

Personally Known: X or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Terence P. Fleming  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

'16 JUN 22 PM 4:50

OFFICE USE ONLY

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

I, Judith Broward  
(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 Precinct  Committeeman  Committeewoman Precinct Number 26

I am a qualified elector of Alachua 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; 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): 100413703

\* 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):

Jewdith Broward

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

I am a member of the Democratic 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 Judith Broward 352 2136308 gatawudy2@gmail.com  
Signature of Candidate Telephone Number Email Address

2240 NW 14<sup>th</sup> Ave Gainesville FL 32605  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 22 day of JUNE, 2016.

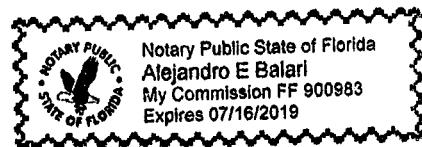
Personally Known: \_\_\_\_\_ or

Produced Identification: FL DL

Type of Identification Produced:

FL DL

Alymber Balari  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



'16 JUN 24 AM 10:25

# CANDIDATE OATH - PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY

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

I, Ronald A. DeFilippi  
(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 Precinct  Committeeman  Committeewoman Precinct Number 26

I am a qualified elector of Alachua 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; 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): 100427943

\* 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):

Ronald A. DeFilippi

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

I am a member of the Democratic 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 R. DeFilippi 1352 514-9009  
Signature of Candidate Telephone Number Email Address

727 SW 27th St Gville FL 32607  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of June, 2016.

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

Mark Kevin Glaeser  
Signature of Notary Public

Produced Identification: \_\_\_\_\_

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: \_\_\_\_\_

 **MARK KEVIN GLAESER**  
MY COMMISSION #FF089076  
EXPIRES February 3, 2018  
(407) 398-0153 FloridaNotaryService.com

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 23 PM 4:09

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, WALT BARRY  
(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 Precinct  Committeeman  Committeewoman Precinct Number 26

I am a qualified elector of Alachua 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; 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): 100432561

\* 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):

WALT BARRY

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democrat 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

Walt Barry (352) 378 3353 waltbarry4214@gmail.com  
Signature of Candidate Telephone Number Email Address

1411 NW 31st St. Gainesville FL 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua


Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of June, 20 16.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Jeanna Mastrodicasa  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

 JEANNA MARIE MASTRODICASA  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF074557  
Expires 12/4/2017



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Dawn Burgess-Krop  
(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 Precinct  Committeeman  Committeewoman Precinct Number 26

I am a qualified elector of Alachua 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; 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): 100385093

\* 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):

Dawn Burgess-Krop (like Crop)

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Dawn Burgess-Krop (352) 246-8620 dawnbkrop@gmail.com  
Signature of Candidate Telephone Number Email Address

219 NW 23rd Terrace Gainesville FL 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

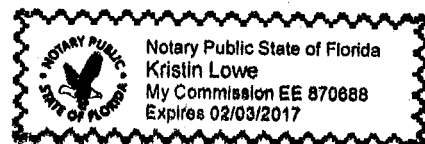
Sworn to (or affirmed) and subscribed before me this 16 day of May, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Kristin Lowe  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 24 AM 10:26

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Adele FRANSON

(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 Precinct  Committeeman  Committeewoman Precinct Number 27

I am a qualified elector of Alachua 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; 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): 100515029

\* 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):

Adele FRANSON

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democrat 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 Adele FRANSON  
Signature of Candidate

(352) 377 2628  
Telephone Number

Email Address

1104 NE 5<sup>th</sup> Terr  
Address City

Gainesville FL  
State

32601  
ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 22<sup>nd</sup> day of June, 2016

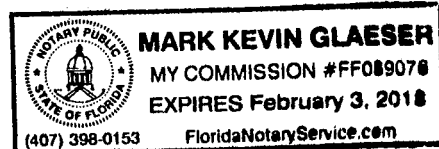
Personally Known:  or

Mark Kevin Glaeser  
Signature of Notary Public

Produced Identification: \_\_\_\_\_

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: \_\_\_\_\_



16 JUN 24 AM 10:25

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, MONICA LEADON COOPER  
(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 Precinct  Committeeman  Committeewoman Precinct Number 27

I am a qualified elector of Alachua 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; 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): 10039/033

\* 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):

Mahnica Cooper

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Monica A Cooper (352) 373-5295 @VLCOOPERS@aol.com  
Signature of Candidate Telephone Number Email Address

412 N2 13<sup>th</sup> Ave Gainesville FL 32601  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

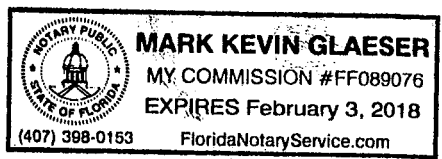
Sworn to (or affirmed) and subscribed before me this 21<sup>st</sup> day of June, 2018.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
\_\_\_\_\_

Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM 05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Cynthia Moore Chestnut

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

I am a candidate for the office of Precinct  Committeeman  Committeewoman Precinct Number 27

I am a qualified elector of Alachua 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; 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): 100385660

\* 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):

Sintheuh Mohre Chestnut

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democrat 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 Cynthia Moore Chestnut 352.317.8291 cchestnut49@gmail.com  
Signature of Candidate Telephone Number Email Address

911 NE Blvd panisville FL 32601  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 11th day of MAY, 2016

Personally Known: yes or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Lillie B. McGee  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 21 AM 10:05

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, WILLIAM EVERETT WARINNER  
(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 Precinct  Committeeman  Committeewoman Precinct Number 27

I am a qualified elector of ALACHUA 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; 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): 100396928

\* 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):

WILLIAM EVERETT WARINNER

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the DEMOCRATIC 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.

[Signature] 1352 514 - 2336 BillWarinner@gmail.com  
Signature of Candidate Telephone Number Email Address

306 NE 5TH AVENUE GAINESVILLE FL 32601-5403  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

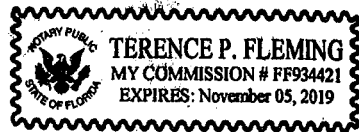
Sworn to (or affirmed) and subscribed before me this 14th day of June, 2016.

Personally Known:  or

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
\_\_\_\_\_



'16 JUN 24 AM 9:01

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Terence P Fleming  
(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 Precinct  Committeeman  Committeewoman Precinct Number 27

I am a qualified elector of Alachua 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; 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): 100471309

\* 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):

Terence Fleming

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Terence P Fleming (352) 219-5068  
Signature of Candidate Telephone Number Email Address

306 NE 7th St Gainesville FL 32601  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF PUTNAM

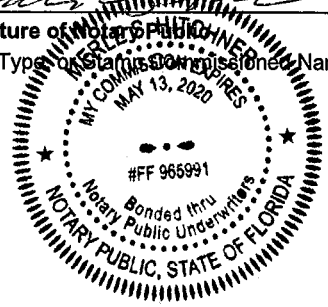
Sworn to (or affirmed) and subscribed before me this 21 day of June, 2016.

Personally Known: YES or

Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
\_\_\_\_\_

Mark [Signature]  
Signature of Notary Public  
Print, Type or Stamp Name of Notary Public



16 JUN 24 AM 10:25

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, CURTIS R. COOPER  
(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 Precinct  Committeeman  Committeewoman Precinct Number 27

I am a qualified elector of Alachua 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; 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): 100401688

\* 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):

Curtis Cooper

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Curt Cooper 352 373 5295 6VLCOOPERS@aol.com  
Signature of Candidate Telephone Number Email Address

412 NE 13th AVE Gainesville FL 32601  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 20th day of June, 2016

Personally Known:  or

Mark Kevin Glaeser  
Signature of Notary Public

Produced Identification: \_\_\_\_\_

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: \_\_\_\_\_



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:43

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Carrie J. Parker-Warren

(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 Precinct  Committeeman  Committeewoman Precinct Number 28

I am a qualified elector of Alachua 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; 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): 100403379

\* 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):

Carrie J. Parker-Warren

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Carrie Parker-Warren (352) 246-7035-C  
Signature of Candidate Telephone Number Email Address  
(352) 505-0572-H  
Carriejpwalcox.net

1136 SE 12<sup>th</sup> Ave - Gainesville, FL 32641  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 31<sup>st</sup> day of May, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Juanita Miles Hamilton  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public





CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Yvonne Hayes Hinson  
(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 Precinct  Committeeman  Committeewoman Precinct Number 28

I am a qualified elector of Alachua 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; 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): 114031060

\* 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):  
E' von Hug-hes

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Yvonne H. Hinson-Kawls (352) 214-7853 yhinson@yahoo.com  
Signature of Candidate Telephone Number Email Address  
Yvonne H. Hinson-Kawls  
1104 S.E. 13th Ave Gainesville, Fla. 32641  
Address City State ZIP Code

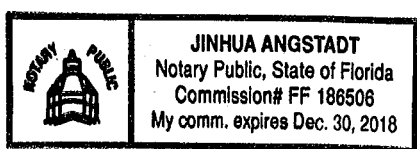
STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 13th day of June, 2016.

Personally Known: \_\_\_\_\_ or  
Produced Identification:

Type of Identification Produced:  
FIDU

J. Angstadt  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM 05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Horace N. Moore, Sr.  
(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 Precinct  Committeeman  Committeewoman Precinct Number 28

I am a qualified elector of Alachua 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; 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): 100392498

\* 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):

Horace N. Moore, Sr.

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Horace N. Moore Sr. <sup>352</sup> 792-2571 horacejustice@horacejustice.com  
Signature of Candidate Telephone Number Email Address

1007 SE 18th TR G'ville FL 32641  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

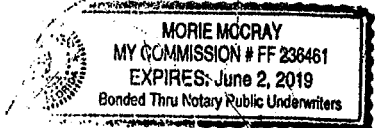
Sworn to (or affirmed) and subscribed before me this 9th day of May, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Morie McCray  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:42

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, JONATHAN "SETH" SMITH

(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 Precinct  Committeeman  Committeewoman Precinct Number 30

I am a qualified elector of ALACHUA 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; 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): 100737619

\* 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):

j AA-n uh-th ur "s EH +n" s m IH th

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the DEMOCRATIC 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]  
Signature of Candidate

(352) 240-1776  
Telephone Number

Iam@NotSETH.Com  
Email Address

7001 EAST UNIVERSITY AVE GAINESVILLE  
Address City

FLORIDA  
State

32641  
ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

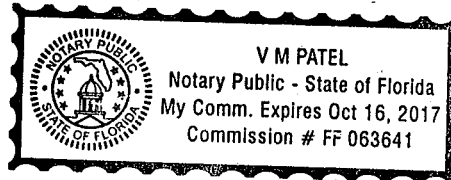
Sworn to (or affirmed) and subscribed before me this 23<sup>rd</sup> day of June, 20 16.

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

Produced Identification: ✓

Type of Identification Produced: Florida DL

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 20 PM 3:13

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Julia B. Reiskind  
(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 Precinct  Committeeman  Committeewoman Precinct Number 32

I am a qualified elector of Alachua 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; 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): 100394053

\* 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):

JU-li-a REIS-kind

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Julia B. Reiskind (352) 378 8290 jbreiskind@yahoo.com  
Signature of Candidate Telephone Number Email Address

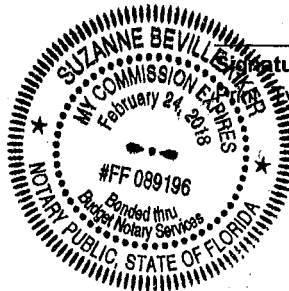
213 SW 41<sup>st</sup> Street Gainesville FL 32607  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 17 day of June, 2016.  
Personally Known:  or \_\_\_\_\_  
Signature of Notary Public Suzanne Beville

Produced Identification: \_\_\_\_\_  
Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
\_\_\_\_\_



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 28 PM05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, PAULA HUESSY STAMMER  
(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 Precinct  Committeeman  Committeewoman Precinct Number 32

I am a qualified elector of Alachua 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; 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): 100411572

\* 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):

Paula Hue-ssy Stay-mer

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Paula H. Stammer (352) 373 3958 Paulastammer@aol.com  
Signature of Candidate Telephone Number Email Address


4621 Clear Lake Dr Gainesville Fla 32607  
Address City State ZIP Code

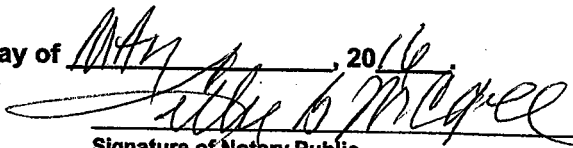
STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 17th day of May, 2016

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

Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
FID 



Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, JONATHAN REISKIND

(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 Precinct  Committeeman  Committeewoman Precinct Number 32

I am a qualified elector of Alachua 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; 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): 100394052

\* 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):

Jon-athan Rei-skind

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the DEMOCRATIC 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 JRW (352) 262 5859 jonreiskind@gmail.com  
Signature of Candidate Telephone Number Email Address

213 SW 41st St. Gainesville FL 32607  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

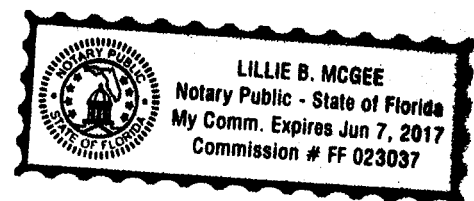
Sworn to (or affirmed) and subscribed before me this 17th day of May, 2016

Personally Known: yes or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: FLD

Lillie B. McGee  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:42

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Joyce A. Vinson  
(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 Precinct  Committeeman  Committeewoman Precinct Number 33

I am a qualified elector of Alachua 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; 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): 100404869

\* 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):

Joy-ce Ven-son

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Joyce Vinson Signature of Candidate  
(352) 4948179 Telephone Number  
JoyceABusyLady@aol.com Email Address

1215 NE 18th AVE Address  
Gainesville City  
FLA State  
32609 ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 20<sup>th</sup> day of MAY, 2016.

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

Produced Identification:

Type of Identification Produced:

Florida driver license

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



Jesus Lopez, Jr.  
Notary Public  
State of Florida  
My Commission Expires 7/16/19  
Commission No. FF 900674

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 21 AM 10:04

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Helen Strain

(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 Precinct  Committeeman  Committeewoman Precinct Number 33

I am a qualified elector of Alachua 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; 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): 100416673

\* 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):  
\_\_\_\_\_

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Helen Strain (352) 213 4428 helen.strain@gmail.com  
Signature of Candidate Telephone Number Email Address

1621 NE 17th Av Gainesville FL 32609  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

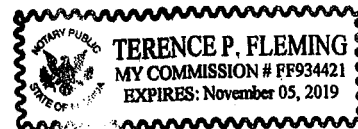
Sworn to (or affirmed) and subscribed before me this 20th day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Terence P. Fleming  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public





CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Karen Epplo  
(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 Precinct  Committeeman  Committeewoman Precinct Number 33

I am a qualified elector of Alachua 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; 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): 100429393

\* 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):

Kay-ren Epple

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Signature of Candidate [Signature] Telephone Number (352) 225-3231 Email Address KarenEpplo@yahoo.com

Address 1236 NE 19th Pl City Gainesville State FL ZIP Code 32609

STATE OF FLORIDA  
COUNTY OF Alachua

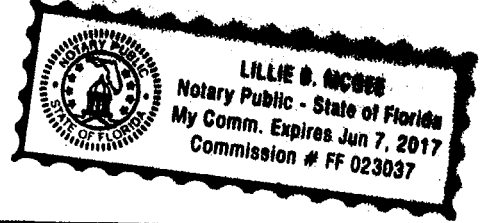
Sworn to (or affirmed) and subscribed before me this 8th day of June, 2016

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 28 PM05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Robert Prather  
(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 Precinct  Committeeman  Committeewoman Precinct Number 35

I am a qualified elector of Alachua 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; 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): 114498685

\* 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):

Rob-ert Pray-ther

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

[Signature] Telephone Number (352) 505-1234 Email Address raprat0@gmail.com  
1368 NE 31st Ave - Gainesville FL 32609  
Address City State ZIP Code

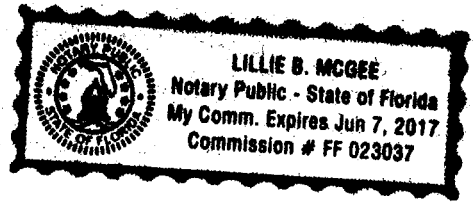
STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 9th day of June, 2016.

Personally Known:  or  
Produced Identification: \_\_\_\_\_

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: \_\_\_\_\_



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Ruth Reiser  
(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 Precinct  Committeeman  Committeewoman Precinct Number 35

I am a qualified elector of Alachua 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; 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): 100582635

\* 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):

ruth reiser

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Ruth Reiser (352) 214-9101 ruthreiser@earthlink.net  
Signature of Candidate Telephone Number Email Address

9615 SW 43rd Terrace, Gainesville, FL 32608  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 17th day of May, 2016

Personally Known: \_\_\_\_\_ or  
Produced Identification: FDK

Lillie B. McGee  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
[Redacted]



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Sheryl Eddie  
(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 Precinct  Committeeman  Committeewoman Precinct Number 37

I am a qualified elector of Alachua 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; 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): 100422146

\* 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):

Sheryl (ill) Eddie (ee)

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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] Eddie (387) 378-5700 JAS EDDIE@  
Signature of Candidate Telephone Number Email Address bellsouth.net  
4027 NW 34th Terr GNV, FL 32605  
Address City State ZIP Code

STATE OF FLORIDA

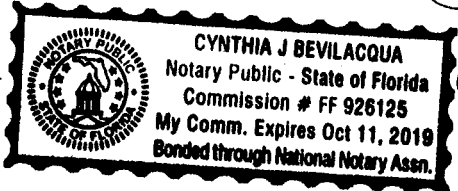
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 7 day of June, 2016.

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

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Melvin A. Flounoy  
(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 Precinct  Committeeman  Committeewoman Precinct Number 37

I am a qualified elector of Alachua 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; 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): 100418516

\* 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):

Melvin Flo/Noy

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Melvin A. Flounoy 352 665-3432 MelvinFlounoy@gmail.com  
Signature of Candidate Telephone Number Email Address  
4442 NW 36th St Gainesville FL 32605  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 11th day of MAY, 2016

Personally Known: yes or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Lillie B. McGee  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM 05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, MAXINE EDWARDS  
(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 Precinct  Committeeman  Committeewoman Precinct Number 41

I am a qualified elector of ALACHUA 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; 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): 105656795

\* 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):

Max-zine Ed-wards

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Maxine Edwards (352) 256-5145 maxine.edwards206@gmail.com  
Signature of Candidate Telephone Number Email Address  
625 SW 127th ST - Newberry Fla 32669  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 11th day of MAY, 2016  
Personally Known: \_\_\_\_\_ or  
Produced Identification:   
Type of Identification Produced: FDL [REDACTED]  
Signature of Notary Public: Lillie B. McGee  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:06

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Edward L. Cason

(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 Precinct  Committeeman  Committeewoman Precinct Number 41

I am a qualified elector of Alachua 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; 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): 100385492

\* 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):

Ed-ward Cas<sup>Kay</sup>son

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Edward L. Cason 352-642-6109 Cason38@gmail.com  
Signature of Candidate Telephone Number Email Address

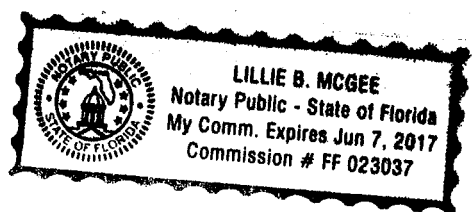
625 S. W. 127<sup>th</sup> St. Newberry FL. 32669  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 11<sup>th</sup> day of MAY, 2016  
Personally Known: yes or

Lillie B. McGee  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: \_\_\_\_\_  
Type of Identification Produced:  
FDL [REDACTED]



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:07

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Mark H. Werner  
(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 Precinct  Committeeman  Committeewoman Precinct Number 42

I am a qualified elector of Alachua 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; 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): 100440522

\* 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):

Mark H. Werner

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Mark H. Werner (352) 332-1908 myaiwer@aol.com  
Signature of Candidate Telephone Number Email Address

8416 SW 21<sup>st</sup> Lane Gainesville, FL 32607  
Address City State ZIP Code

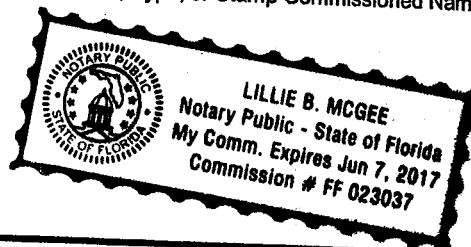
STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 11<sup>th</sup> day of May, 2016

Personally Known: \_\_\_\_\_ or  
Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
FDI [Redacted]

Lillie B. McGee  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public





16 JUN 24 AM 10:42

# CANDIDATE OATH - PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY

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

I, CONNIE L. AMIDEI  
(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 Precinct  Committeeman  Committeewoman Precinct Number 43

I am a qualified elector of ALACHUA 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; 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): 100 42 3871

\* 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):

Am i day

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

I am a member of the DEMOCRATIC 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.

Connie Amidei (352) 281 2681 amidei13@gmail.com  
Signature of Candidate Telephone Number Email Address


15 SW 75th St - Ft GUL FL 32607  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

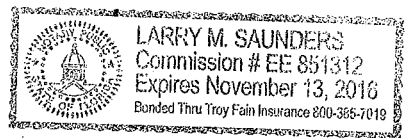
Sworn to (or affirmed) and subscribed before me this 8 day of June, 2016.

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

Produced Identification:

Type of Identification Produced: DL 

Larry M. Saunders  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



16 JUN 24 AM 10:41

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Rosalie M. Bandyopadhyay  
(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 Precinct  Committeeman  Committeewoman Precinct Number 43

I am a qualified elector of Alachua 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; 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): 100399188

\* 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):

Rosalie M. Band-i-pa-dye

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Rosalie M. Bandyopadhyay 352-332-3865 Rosaliemb@hotmail.com  
Signature of Candidate Telephone Number Email Address

8333 SW 4<sup>th</sup> Place Gainesville FL 32607  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

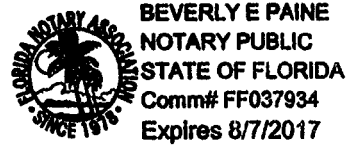
Sworn to (or affirmed) and subscribed before me this 25<sup>th</sup> day of MAY, 2016.

Personally Known:  or

Beverly E. Paine  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
\_\_\_\_\_



16 JUN 24 AM 10:41

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, BHASKAR BANDYOPADHYAY

(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 Precinct  Committeeman  Committeewoman Precinct Number 43

I am a qualified elector of Alachua 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; 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): 100454177

\* 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):

Bhas-Kar Band-i-pa-dhye

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

<input checked="" type="checkbox"/>	<u>Bandyopadhyay</u>	<u>(352) 318-1423</u>	<u>bbandyopadhyay@msn.com</u>
	Signature of Candidate	Telephone Number	Email Address
<u>8333 SW 4TH PLACE</u>	<u>GAINESVILLE</u>	<u>FL</u>	<u>32607</u>
Address	City	State	ZIP Code

STATE OF FLORIDA

COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 25 day of MAY, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Beverly E. Paine  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



BEVERLY E PAINE  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF037934  
Expires 8/7/2017

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:07

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Laura Hernandez  
(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 Precinct  Committeeman  Committeewoman Precinct Number 44

I am a qualified elector of Alachua 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; 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): 119597253

\* 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):

LAH - U - RAH HERNANDEZ

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Signature of Candidate [Signature] Telephone Number (772) 985-4540 Email Address laurahernandez@usf.net

Address 3000 SW 35th PL Apt. A203 Gainesville State FL ZIP Code 32608

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 11<sup>th</sup> day of MAY, 2016  
Personally Known: \_\_\_\_\_ or  
Produced Identification: \_\_\_\_\_  
Signature of Notary Public [Signature]  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
Voter Information Card 119597253  
Student ID Card



16 JUN 24 AM 10:41

# CANDIDATE OATH - PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY

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

I, Alexa DeLoera  
(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 Precinct  Committeeman  Committeewoman Precinct Number 44  
 I am a qualified elector of Alachua 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; 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): 119800053

\* 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):  
uh-LEX-uh de-lo-ARA-uh

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

I am a member of the Democratic 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.

*Alexa DeLoera* (386) 871-6631 alexadeloera@gmail.com  
 Signature of Candidate Telephone Number Email Address

3000 SW 35<sup>th</sup> Place - Gainesville FL 32608  
 Address #1201 City State ZIP Code


STATE OF FLORIDA  
 COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 18 day of May, 2016.

Personally Known: \_\_\_\_\_ or  
 Produced Identification:

*Valerie Howard*  
 Signature of Notary Public  
 Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
Florida Drivers license

 VALERIE L. HOWARD  
 NOTARY PUBLIC  
 STATE OF FLORIDA  
 Comm# FF014013  
 Expires 5/28/2017

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 23 PM 1:40

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Michael Turco  
(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 Precinct  Committeeman  Committeewoman Precinct Number 45

I am a qualified elector of Alachua 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; 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): 102025979

\* 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):

Michael Turco

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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] (352) 374-2071 mitec@michaelturco.com  
Signature of Candidate Telephone Number Email Address

5630 NW 80th Ave. Gainesville FL 32659  
Address City State ZIP Code

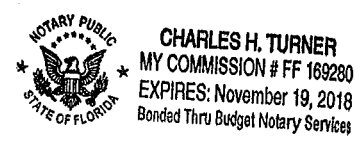
STATE OF FLORIDA  
COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 23<sup>rd</sup> day of June, 2016.

Personally Known: \_\_\_\_\_ or  
Produced Identification:

Type of Identification Produced:  
FDLN

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 24 AM 10:42

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Barbara McDade Gordon  
(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 Precinct  Committeeman  Committeewoman Precinct Number 46

I am a qualified elector of Alachua 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; 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): 100425033

\* 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):

BAHRB-ruh mak-DAID GOR-dun

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Barbara McDade Gordon (352) 727-7510 bmcdade07@gmail.com  
Signature of Candidate Telephone Number Email Address

11317 NW 8th Rd Gainesville FL 32606  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 3<sup>rd</sup> day of June, 2016.

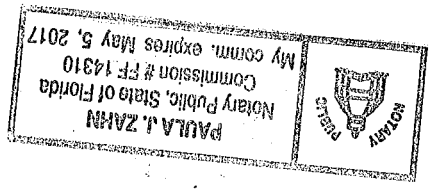
Personally Known: \_\_\_\_\_ or

Produced Identification: FDL

Type of Identification Produced: FDL

# 

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:42

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Jacob V. Gordon

(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 Precinct  Committeeman  Committeewoman Precinct Number 46

I am a qualified elector of Alachua 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; 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): 114691813

\* 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):

JAI - kub GOR - dun

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 J. V. Gordon (352) 727-7510 jgordon@7@gmail.com  
Signature of Candidate Telephone Number Email Address

11317 NW 8th Rd Gainesville FL 32606  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 3<sup>rd</sup> day of June, 20 16

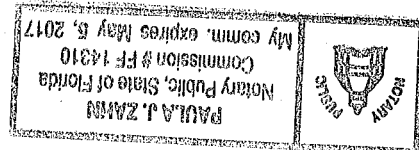
Personally Known: \_\_\_\_\_ or \_\_\_\_\_

Produced Identification: FLBLID STATE ID

Type of Identification Produced: FL [REDACTED]

# [REDACTED]

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public





**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

'16 JUN 23 PM 2:58

OFFICE USE ONLY

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

I, Carol Higman  
(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 Precinct  Committeeman  Committeewoman Precinct Number 47

I am a qualified elector of Alachua 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; 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): 100394964

\* 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):

Ca roll Hig man

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

I am a member of the Democratic 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 Carol Higman (352) 373-1178 carolhigman@gmail.com  
Signature of Candidate Telephone Number Email Address

2110 SW 110 St, Gainesville FL 32607  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 26<sup>th</sup> day of April, 20 16.

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

Produced Identification: x

Type of Identification Produced:

FLDL # [REDACTED]

Brendan Jay O'Rourke  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



'16 JUN 24 AM 10:25

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Mitch Glaeser  
(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 Precinct  Committeeman  Committeewoman Precinct Number 47

I am a qualified elector of Alachua 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; 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): 100400794

\* 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):

Mitch Glaeser

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democrat 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] 352 538 0072 MGLAE@AOL.COM  
Signature of Candidate Telephone Number Email Address

2145 SW 94 Terr Gainesville FL 32607  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 24<sup>th</sup> day of June, 2016.

Personally Known: ✓ or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

16 JUN 23 PM 2:58

OFFICE USE ONLY

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

I, James Higman  
(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 Precinct  Committeeman  Committeewoman Precinct Number 47

I am a qualified elector of Alachua 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; 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): 100389348

\* 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):

JAMES HIGMAN

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

I am a member of the Democratic 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.

J. Higman (352) 373-1178 jameshigman@hotmail.com  
Signature of Candidate Telephone Number Email Address

2110 SW 110 ST, Gainesville, FL 32607  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 26<sup>th</sup> day of April, 2016.

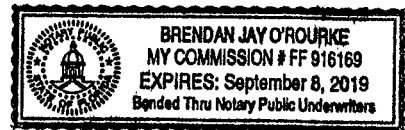
Personally Known: \_\_\_\_\_ or

Produced Identification: X

Type of Identification Produced:

FLDL # [REDACTED]

B. O'Rourke  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:42

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Dora L. White  
(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 Precinct  Committeeman  Committeewoman Precinct Number 51

I am a qualified elector of Alachua Co. 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; 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): 100397293

\* 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):

oh+ra L. white

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Dora L. White (352) 374-9680 dora46@cox.net  
Signature of Candidate Telephone Number Email Address

6423 NW 42nd Ln - Gainesville, FL. 32606  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 2nd day of June, 20 16.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Darrell W. Johnson, Sr.  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:42

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Albert E. White

(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 Precinct  Committeeman  Committeewoman Precinct Number 51

I am a qualified elector of Alachua 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; 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): 100397257

\* 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):

Al-burt E. Wh-ite

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Albert E White (352) 374-9680 babywhite1@cox.net  
Signature of Candidate Telephone Number Email Address

6423 NW 42nd Ln Gainesville, FL 32606  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

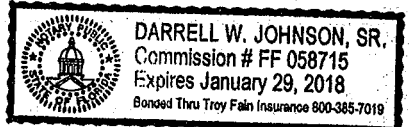
Sworn to (or affirmed) and subscribed before me this 2<sup>nd</sup> day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Darrell W. Johnson, Sr.  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

2016 JUN 23 PM05:07

OFFICE USE ONLY

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

I, Bruce Morris Smith  
(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 Precinct  Committeeman  Committeewoman Precinct Number 51

I am a qualified elector of Alachua 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; 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): 100404053

\* 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):

Brew-ce Mor-ris Smith

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

I am a member of the Democratic 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.

Bruce Morris Smith (352) 377-5085 votesmith04@yahoo.com  
Signature of Candidate Telephone Number Email Address  
5138 NW 60 Terrace  
Post Office Box 357005 Gainesville Florida 32635 32653  
Address City State ZIP Code

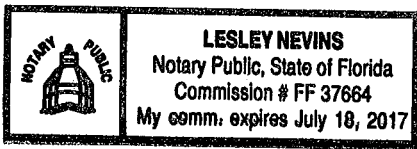
STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 16 day of May, 2016

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



Lesley Nevins  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:42

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Scott T. Schmidt

(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 Precinct  Committeeman  Committeewoman Precinct Number 54

I am a qualified elector of Alachua 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; 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): 115575611

\* 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):

SKOTT T. Schmidt

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Scott Schmidt (352)-615-7229 sts@turnerlawpartners.com  
Signature of Candidate Telephone Number Email Address

4415 SW 34TH ST APT 507, Gainesville, FL 32608  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

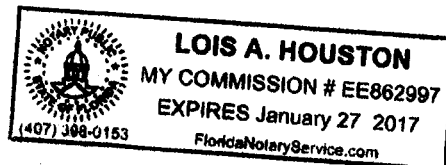
Sworn to (or affirmed) and subscribed before me this 24 day of May, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Lois Houston  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



2016 JUN 23 PM05:07

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Lillie B. McGee

(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 Precinct  Committeeman  Committeewoman Precinct Number 55

I am a qualified elector of Alachua 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; 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): 100391968

\* 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):  
\_\_\_\_\_

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Lillie B. McGee 352-336-0116 lillie2412@yahoo.com  
Signature of Candidate Telephone Number Email Address

3511 NE 11th Terr - GAINESVILLE, FLORIDA 32609  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 3 day of June, 2016.

Personally Known: X or \_\_\_\_\_  
Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

Larry M. Saunders  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public





CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:42

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Linda McGrail  
(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 Precinct  Committeeman  Committeewoman Precinct Number 5.5

I am a qualified elector of Alachua 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; 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): 100391993

\* 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):  
Len-da Ma-grail

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democrat 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.

Linda McGrail (352) 494-8309 linda.mcgrail@gmail.com  
Signature of Candidate Telephone Number Email Address

2826 NE 10th Dr - Gainesville FL 32609  
Address City State ZIP Code

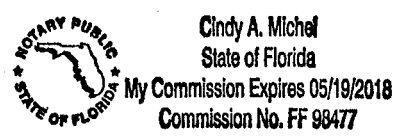
STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 24 day of June, 2016.

Personally Known: \_\_\_\_\_ or  
Produced Identification:

Cindy A Michel  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
Florida Drivers License

  
NOTARY PUBLIC  
STATE OF FLORIDA  
Cindy A. Michel  
State of Florida  
My Commission Expires 05/19/2018  
Commission No. FF 98477

2016 JUN 23 PM05:07

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, ROBERT K. KARP

(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 Precinct  Committeeman  Committeewoman Precinct Number 55

I am a qualified elector of ALACHUA 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; 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): 100390469

\* 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):

ROBERT KARP

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the DEMOCRATIC 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.

Robert Karp 1352 325-8810 bobkarp@gmail.com  
Signature of Candidate Telephone Number Email Address

1101 NW 43 AVE GAINESVILLE FL 32609  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 11th day of MAY, 2016

Personally Known: [Signature] or

Produced Identification: [Signature]

Type of Identification Produced:

[Signature]  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 24 AM 9:01

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Molly McGowan  
(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 Precinct  Committeeman  Committeewoman Precinct Number 57

I am a qualified elector of Alachua 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; 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): 100445226

\* 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):  
\_\_\_\_\_

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democrat 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 Molly McGowan (352) 870-2321 molly.shamrock@gmail.com  
Signature of Candidate Telephone Number Email Address

4040 NW 17th Terrace Gainesville FL 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

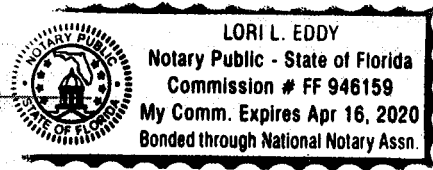
Sworn to (or affirmed) and subscribed before me this 20th day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Lori L. Eddy  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 24 AM 10:40

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Debbie Martinez

(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 Precinct  Committeeman  Committeewoman Precinct Number 57

I am a qualified elector of Alachua 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; 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): 119199388

\* 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):

Debbie Marteenéz

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Deborah G. Marty (352) 505-0244 debbiemartinez44@cox.net  
Signature of Candidate Telephone Number Email Address

2217 NW 16th Terr. Gainesville Florida 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 17th day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Mark Kevin Glaeser  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

'16 JUN 21 PM 12:22

OFFICE USE ONLY

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

I, JAMES EDISON NOTESTEIN

(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 Precinct  Committeeman  Committeewoman Precinct Number 57

I am a qualified elector of ALACHUA 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; 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): 100392981

\* 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):  
\_\_\_\_\_

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

I am a member of the DEMOCRATIC 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.

James Edison Notestein <sup>352</sup> 1 372 2107  
Signature of Candidate Telephone Number Email Address

3701 NW 17th GAINESVILLE FLA. 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 21<sup>ST</sup> day of June, 2016.

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

Produced Identification: \_\_\_\_\_

Type of Identification Produced:

FDLX [REDACTED]

Charles H. Turner  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CHARLES H. TURNER  
MY COMMISSION # FF 169280  
EXPIRES: November 19, 2018  
Bonded Thru Budget Notary Services

**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

'16 JUN 21 AM 10:05

OFFICE USE ONLY

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

I, ROBERT P. ACKERMAN

(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 Precinct  Committeeman  Committeewoman Precinct Number 57

I am a qualified elector of ALACHUA 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; 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): 100473027

\* 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):

ROBERT ACKERMAN

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

I am a member of the DEMOCRATIC 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.

[Signature] 1352 318-4724 robertpackerman@gmail.com  
Signature of Candidate Telephone Number Email Address

4818 N.W. 19th ST Gville 71 32605  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

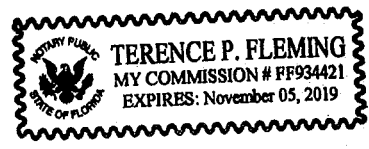
Sworn to (or affirmed) and subscribed before me this 10th day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:07

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Lola Aretha Ferguson

(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 Precinct  Committeeman  Committeewoman Precinct Number 58

I am a qualified elector of Alachua 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; 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): 100387548

\* 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):

Lo-La re-tha Ferguson

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Lola Aretha Ferguson (352) 371-9043 Fergusonansull@edison.com  
Signature of Candidate Telephone Number Email Address

7117 S.W. Archer-Rd, lot 2010 Gainesville Florida 32608  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

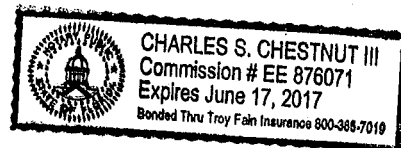
Sworn to (or affirmed) and subscribed before me this 23<sup>rd</sup> day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Charles S. Chestnut III  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:25

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Elizabeth Washington  
(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 Precinct  Committeeman  Committeewoman Precinct Number 59

I am a qualified elector of Alachua 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; 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): 100451912

\* 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):

E l i z u h b e t h W a s h i n g t o n

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

<b>X</b>	<u>[Signature]</u>	<u>352 283 2663</u>	<u>elizabethyeager@gmail.com</u>
	Signature of Candidate	Telephone Number	Email Address
<u>3104 SW 5th St</u>	<u>Grainville</u>	<u>FL</u>	<u>32601</u>
Address	City	State	ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 24<sup>th</sup> day of June, 2016.

Personally Known: [Signature] or

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
\_\_\_\_\_





**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

2016 JUN 23 PM 05:07

OFFICE USE ONLY

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

I, RONALD SCOTT HOWELL

(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 Precinct  Committeeman  Committeewoman Precinct Number 59

I am a qualified elector of ALACHUA 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; 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): 121034146

\* 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):

RAH-NAHLD SCAHT HOWELL

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

I am a member of the DEMOCRATIC 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.

Ronald Scott Howell  
 Ronald Scott Howell (352) 363-6307 markschildberg@yahoo.com  
Signature of Candidate Telephone Number Email Address

309 SW 16TH AVE APT 218 GAINESVILLE FL 32601  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachu

Sworn to (or affirmed) and subscribed before me this 9 day of May, 2016.

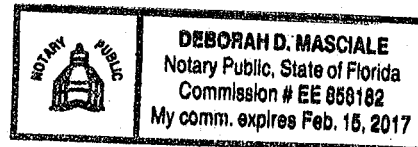
Personally Known: J or

Produced Identification: J

Type of Identification Produced:

Florida Drivers License

Deborah D. Masciale  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:07

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Jacqueline B. Davison  
(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 Precinct  Committeeman  Committeewoman Precinct Number 61

I am a qualified elector of Alachua 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; 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): 100567480

\* 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):

Jac QU E line

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Jacqueline B. Davison (352) 336-3591 j.davison26@msn.com  
Signature of Candidate Telephone Number Email Address

3988 NW 23rd Circle, Gainesville, FL 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ALACHUA

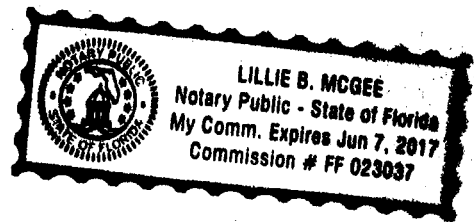
Sworn to (or affirmed) and subscribed before me this 11th day of MAY, 2016

Personally Known: yes or

Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
FDL

Lillie B. McGee  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



'16 JUN 24 AM 10:25

**CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN**

OFFICE USE ONLY

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

I, Jo Beatty  
(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 Precinct  Committeeman  Committeewoman Precinct Number 61

I am a qualified elector of ALACHUA 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; 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): 100409724

\* 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):

Jo Bai-tee (B8T)

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

I am a member of the DEMOCRATIC 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 Jo Lee R. Beatty (352) \_\_\_\_\_  
Signature of Candidate Telephone Number Email Address

3212 NW 36<sup>th</sup> St, Gainesville, FL 32605  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

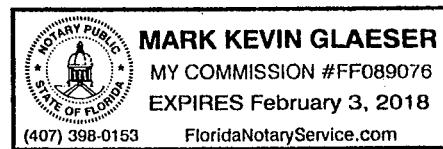
Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of June, 2018.

Personally Known:  or

Mark Kevin Glaeser  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM05:07

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Janet A. King  
(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 Precinct  Committeeman  Committeewoman Precinct Number 62

I am a qualified elector of Alachua 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; 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): 100400535

\* 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):

Jan-ette A. King

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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.

Janet A. King (352) 371-0005 jakings830@aol.com  
Signature of Candidate Telephone Number Email Address

2418 NW 63rd Terr Gainesville FL 32606  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

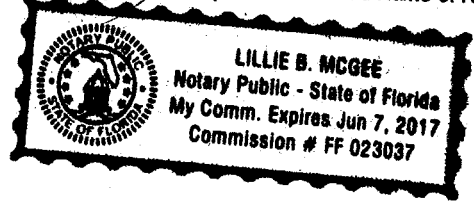
Sworn to (or affirmed) and subscribed before me this 27th day of June, 2016

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Lillie B. McGee  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

2016 JUN 23 PM 05:07

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, EMILIO BRUNA

(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 Precinct  Committeeman  Committeewoman Precinct Number 62

I am a qualified elector of ALACHUA 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; 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): 105769766

\* 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):

Emilio-Bruna

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the DEMOCRATIC 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

(352) 378-8784

Telephone Number

ebruna1@gmail.com

Email Address

7607 NW 29th Pl

Address

GAINESVILLE

City

FL

State

32606

ZIP Code

STATE OF FLORIDA

COUNTY OF ALACHUA

Sworn to (or affirmed) and subscribed before me this 8th day of JUNE, 2016.

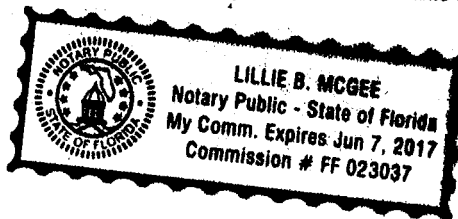
Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



16 JUN 22 PM 1:56

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, DON HERGET  
(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 Precinct  Committeeman  Committeewoman Precinct Number 62

I am a qualified elector of ALACHUA 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; 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): 100421796

\* 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):

DAHN HUHRGET

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the DEMOCRATIC 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] (352) 514-5761 donherget@gmail.com  
Signature of Candidate Telephone Number Email Address

2402 NW 68th TER GAINESVILLE FL 32606  
Address City State ZIP Code

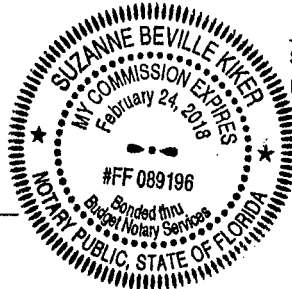
STATE OF FLORIDA  
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 22 day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

'16 JUN 24 AM 10:42

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Charles S. "Chuck" Chestnut IV

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

I am a candidate for the office of Precinct  Committeeman  Committeewoman Precinct Number 6B3

I am a qualified elector of Alachua 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; 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): 100400920

\* 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):

Charles S. "Chuck" Chestnut IV

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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 Charles S. Chestnut IV (352) 215-0659 Charles.ChestnutIV@gmail.com  
Signature of Candidate Telephone Number Email Address

11827 New 7th Terr. Alachua FL 32615  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Alachua

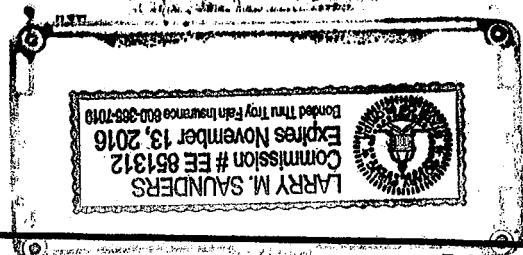
Sworn to (or affirmed) and subscribed before me this 23 day of June, 2016.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Larry M. Saunders  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CANDIDATE OATH -  
PRECINCT COMMITTEEMEN AND  
COMMITTEEWOMEN

16 JUN 24 AM 10:25

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Sandra Watts Kennedy  
(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 Precinct  Committeeman  Committeewoman Precinct Number 63

I am a qualified elector of Alachua 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; 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): 100425992

\* 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):

Sandra Watts Kennedy

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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] (352) 575-5559 skmkennedy@yahoo.com  
Signature of Candidate Telephone Number Email Address

7711 NW 156 Ave. Alachua FL 32615  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 23<sup>rd</sup> day of June, 2016.

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

Produced Identification: X

Type of Identification Produced:

Florida Driver's Licence

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

