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 24th, 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 30th ballot.

T. HW SA AN GA

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(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
I am a qualified elector of Alachoa 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): 17831662
* 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
STATE OF FLORIDA CHIMA DALLA
Sworn to (or affirmed) and subscribed before me this day of
Personally Known:or
Produced Identification: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: , LILLIE B. MCGEE Notary Public - State of Fiorida My Comm. Expires Jun 7, 2017 Commission # FF 023037

1 K. JUN 24 and 6:41

	, .		OFFICE USE ONLY
	OATH OF CANDIDA	TE (Section 99.021, Florida Statute	es)
I, DOROTHY A. BI	AIR WISH IT TO APPEAR ON THE BALL	OT * NAME MAY NOT BE CHANGED	AFTER THE END OF QUALIFYING
am a candidate for the office of	Propingt Committee		AFTER THE END OF QUALIFYING)
		man Committeewoman	
I am a qualified elector of Laws of Florida to hold the office of the States and the Constitution of the	to writer i desire to be non	County, Florida, I am qual ninated or elected; and I will s	lified under the Constitution and the upport the Constitution of the United
Candidate's Florida Voter Registra			
* Please print name phonetically o disabilities (see instructions on page 1) for Pour Tole Ten	ge 2 of this form): $\mathcal{D} \mathcal{C}$	shit to be pronounced on the solution of the Board of the	1-air
·	STATEMENT OF PAR	RTY (Section 99.021, Florida Statut	es)
which I am a member.	nning of qualifying precedi e, if any, as a candidate fo	ng the general election for whor said office by the executive	istered member of any other political ich I seek to qualify; and I have paid a committee of the political party, of
X Dorothy A. Blu Signature of Candida	te Telephone N	umber	Email Address
			·
83/3 N.W. CR 235	- Alactua	FLORIDA	32615
Address	City	State	32615 ZIP Code
STATE OF FLORIDA COUNTY OF ACRUA			
Sworn to (or affirmed) and subse	cribed before me this	8 day of Mass	/ 20 //
Personally Known:or_		Jan	Haunt-
Produced Identification:		Signature of No Print, Type, or St	tary Public amp Commissioned Name of Notary Public
Type of Identification Produced:		g To the the County Bo St. Project of the St.	
	License	LARRY M. SAUNDERS Commission # EE 8513 Expires November 13, 2 Bonded Thru Troy Fain Insurance 8003	12 2016

"女兄,明知 SA SHT 经过1

OATH OF CANDIDATE (Section	99.021, Florida Statutes)
I, Wandalah H. Spanca (Please Print Name as you wish it to appear on the Ballot * - Name	
	Committeewoman Precinct Number 0 H
I am a qualified elector of <u>A\QQ\QQ</u> County, Laws of Florida to hold the office to which I desire to be nominated or e States and the Constitution of the State of Florida.	Florida; I am qualified under the Constitution and the elected; and I will support the Constitution of the United
Candidate's Florida Voter Registration Number (located on your voter infor	
* Please print name phonetically on the line below as you wish it to be predisabilities (see instructions on page 2 of this form): AH - M@ - \Q	ronounced on the audio ballot for persons with
STATEMENT OF PARTY (Section I am a member of the Damocratic Party; I ha party for 365 days before the beginning of qualifying preceding the gene the assessment levied against me, if any, as a candidate for said office which I am a member. X Munulah M. Spanco (305) 815-6216 Signature of Candidate Telephone Number	ave not been a registered member of any other political
Address City)	State ZIP Code
STATE OF FLORIDA COUNTY OF Alachva	
Sworn to (or affirmed) and subscribed before me this $\frac{2 4 }{}$ day of	of Jule, 2016.
Personally Known: to me or	C. haynn
Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:	C. GAYNOR Notary Public - State of Florida My Comm. Expires Jul 31, 2016 Commission # EE 188551 Bonded Through National Notary Assn.

16 JIM 24 MI 0-21

'16 JUN 24 AM 10:23

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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** I am a qualified elector of HCCVCuca County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be no minated 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): * 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 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 Causy Or FC STATE OF FLORIDA COUNTY OF Swom to (or affirmed) and subscribed before me this Personally Known: _ 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

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) VIOUNTS

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** I am a qualified elector of A/achua 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); * 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): ob-en-t Mounts STATEMENT OF PARTY (Section 99.021, Florida Statutes) 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 -Mount 13521 665-9296 robert. t. mounts@gmail.com 1639 NW 11th Road Gainesville FL 32605-5319 STATE OF FLORIDA COUNTY OF $\,$ $\,$ Swom to (or affirmed) and subscribed before me this: Personally Known: ____ 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 FloridaNotaryService.com

'16 JUN 21 an 10:04

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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): 100 4 16 9 91 * 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): IN-sent JAI LI-psee-o STATEMENT OF PARTY (Section 99.021, Florida Statutes) 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 Telephone Number Email Address 1708 NW 10 th AVE. GAINESVILLE, FLORIDA 32605-5310

Indirece City State ZIP Code STATE OF FLORIDA COUNTY OF Alachua Sworn to (or affirmed) and subscribed before me this 20th day of Personally Known: or Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: MY COMMISSION # FF934421 EXPIRES: November 05, 2019

16 JUN 24 AN 10:41

OATH OF CANDIDATE
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 <u>5</u>
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):
STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the Permocratic 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 July 303 6033 Josephyrosyman & Legendre Signature of Candidate Telephone Number Email Address L433 NW 3rd Ave Goins will State ZIP code
STATE OF FLORIDA
country of Alachua
Sworn to (or affirmed) and subscribed before me this // day of ///////////////////////////////////
Personally Known: A signature of Notary Public
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

SEICE HEE ON! A

OPFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(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,
I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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 DOOMOOLAN
STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the
SWORN to (or affirmed) and subscribed before me this day of, 20, 20
Produced Identification: FUDL Signature of Notary Public BRAD Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: My Comm. Expires August 11, 2019 No. FF 908732
OF FLORING

2016 JUN 23 PM05:05

CANDIDATE OATH PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) La Twania M., Brown

(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 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 43 19 23 * 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 A achua Democrational 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 X Luana Mbrown 215-2363 | atwantabrown
Signature of Candidate Telephone Number Email Address Cyanoco
Com 1500 NW 124St. N-23 Gainesville FL 32601
Address City State ZIP Code STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me this _____ day of ______ Personally Known: Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes) (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
Candidate's Florida Voter Registration Number (located on your voter information card): 12245280
* 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
STATE OF FLORIDA COUNTY OF Alachua
Sworn to (or affirmed) and subscribed before me this 23rd day of 50 mg, 20 16.
Personally Known: or
Type of Identification Produced:

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
(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 X Committeeman Committeewoman Precinct Number
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): _/054813/
* 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-EZ-KAL P V-AH-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 of Candidate Telephone Number Email Address City State ZIP Code
STATE OF FLORIDA
COUNTY OF Alachua
Sworn to (or affirmed) and subscribed before me this 24 day of 0 , 0 , 0
Personally Known: or
Produced Identification: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:
Notary Public State of Florida Latura Durbin My Commission FF 015767 Expires 05/22/2017

TE MW 24 and 121

1 4	OATH OF CANDIDA	FE (Section 99.021, Florida Statut	es)
I, Julius K;	n Sie. 1		
am a qualified elector of	Precinct Committeer Chus to which I desire to be now	D1 PM: 11	Precinct Number
Candidate's Florida Voter Registra			
* Please print name phonetically o disabilities (see instructions on pa Jew-Lwn	n the line below as you wis ge 2 of this form): lec-un, kin-Sey	n it to be pronounced on the	audio ballot for persons with
am a member of the	nning of qualifying precedire, if any, as a candidate fo	said office by the executive	istered member of any other political ich I seek to qualify; and I have paid e committee of the political party, of
Audiess .	City	State	ZIP Code
STATE OF FLORIDA COUNTY OF Hacked	- O	Ou .	
Sworn to (or affirmed) and subso	anded before me this <u>&</u>	Signature of Not	tary Public amp Commissioned Name of Notary Public
Type of Identification Produced: ,			RAMONA SUE MOUNT MY COMMISSION # FF 018104 EXPIRES: June 10, 2017 Bonded Thru Notary Public Underwriters

16 JIM 24 on 9:00

			OFFICE USE ONLY
HTAO	OF CANDIDATE (Sec	ction 99.021, Florida Statute	98)
1. Timothy Neal N	Partin		
I, Jimothy Meal W (PLEASE PRINT NAME AS YOU WISH IT TO	APPEAR ON THE BALLOT * N/	AME MAY NOT BE CHANGED	AFTER THE END OF QUALIFYING)
am a candidate for the office of Precinct	Committeeman	Committeewoman	Precinct Number
	Nua Coun I desire to be nominated of	ote Florido: Lors	
Candidate's Florida Voter Registration Num	•		
* Please print name phonetically on the line disabilities (see instructions on page 2 of the	iis iorm);	e pronounced on the a	audio ballot for persons with
TIM	MARTIN		
I am a member of the	qualifying preceding the go as a candidate for said o (352) 328-4 Telephone Number	I have not been a regineral election for white office by the executive	istered member of any other political
16430 SW 12 terr Address Ci	ity Micanopy	Pla State	32667 ZIP Code
STATE OF FLORIDA COUNTY OF	-		
Sworn to (or affirmed) and subscribed be	efore me this <u>2/5</u> 7 da	ay of June	, 20 <u>_ (\begin{smallmatrix} \equiv \\ \equiv \equiv \\ \equiv \qua \qua \qua \qua \qua \qua \qua \qua</u>
Personally Known:or		Jaren	
Produced Identification:		Signature of Not	
Type of Identification Produced:			
	·	Section Property of the Proper	TERENCE P. FLEMING MY COMMISSION # FF934421 EXPIRES: November 05, 2019

2016 JUN 23 PM05:05

OFFICE USE ONLY **QATH OF CANDIDATE** (Section 99.021, Florida Statutes) ME 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 I am a qualified elector of A 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): (05728 28 * 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)) FMDCNATIC Party; I have not been a registered member of any other political I am a member of the 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 ignature of Candidate STATE OF FLORIDA Sworn to (or affirmed) and subscribed before me this Personally Known: Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, 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) am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number (
I am a qualified elector of INACHUA 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): 100393737
* 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 (BOR) PRAYT
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
l am a member of the Nacratic 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 Telephone Number Telephone Number Telephone Number State Telephone State Telephone State Telephone State Telephone State Telephone State
COUNTY OF A Chon
Sworn to (or affirmed) and subscribed before me this 23 day of 100 20 6.
Personally Known: or day flatter or
Produced Identification: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: . LARRY M. SAUNDEPS Commission # EP Expires November Bonded Thru Troy Fain Inspired.

2016 JUN 23 PM05:05

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) I, FRANCIS MOREM 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 igstyle Committeeman igstyle Committeewoman Precinct Number igstyleI am a qualified elector of _______ County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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): 1005 483 74 * 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 Democartic 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 I am a member of the Denocotic 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

(312) 371-8233 but in to be in the Email Address

6506 SW 135pt Mayer FL 32618

Grass City State ZIF Address STATE OF FLORIDA
COUNTY OF HIMMA Sworn to (or affirmed) and subscribed before me this ______ day of _______, 20_/ Personally Known: 499 or Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

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, I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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): 153 28197
* 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 Democretic 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. Your 1352 328-0005 TOOPTEORNOTO GHAT
STATE OF FLORIDA COUNTY OF Alachus Swom to (or affirmed) and subscribed before me this day of June , 20 1 Personally Known: or or Signature of Notary Public Produced Identification: Frint, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: ARCHIE S. BLAIR MY COMMISSION # EE 875815 EXPIRES: April 21, 2017 Bonded Thru Notary Public Underwriters

			OF	FICE USE ONLY
OATH OF CAN	IDIDATE (Section 99.	021, Florida Statutes)	
1. Jenniter "Jenn"	Powell			
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON	THE BALLOT * - NAME MAY			
am a candidate for the office of Precinct Com				
I am a qualified elector of Alachua Laws of Florida to hold the office to which I desire to States and the Constitution of the State of Florida.	County, Flo be nominated or elec	orida; I am qualit ted; and I will su	ied under the Cons pport the Constitutio	titution and the
Candidate's Florida Voter Registration Number (locate				
* Please print name phonetically on the line below as	you wish it to be pron	ounced on the a	udio ballot for persor	ns with
disabilities (see instructions on page 2 of this form):			e e	:
Gir Pawell				
STATEMENT O	F PARTY (Section 99.	021 Florido Statutos		
party for 365 days before the beginning of qualifying party for 365 days before the beginning party for 365 days before the beginning of qualifying party for 365 days before the beginning party for 365 days before the	idate for said office b 2) 215 - 2243 ohone Number	y the executive	committee of the po	olitical party, of
556 NW 31 St Ave. Games	sive.	A seed to	326	.50
Address City	<u> </u>	State	ZIP Co	
		e.		
STATE OF FLORIDA COUNTY OF <u>Alachua</u>	3.			
Sworn to (or affirmed) and subscribed before me t	his day of _	Ine	, 20/&	
Personally Known: or		B6)0	mto	
Produced Identification:		Signature of Notai Print, Type, or Stan	ry Public np Commissioned Name	of Notary Public
Type of Identification Produced:			re Jo Smith	
D 1			BOBBIE JO SMITH Y COMMISSION # FF 202503 (PIRES: February 23, 2019 ed Thru Notary Public Underwriters	

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
OATH OF CANDIDATE (Section 99.021, Florida Statutes) I, SHELL IN GLOW (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
(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
I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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): 10384793
* 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 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. Shrockington 5121eath, new paid the same 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. Shrockington 5121eath, new 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. Shrockington 5121eath, new 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. Shrockington 5121eath, new 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. Shrockington 5121eath, new 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. Shrockington 5121eath, new 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. Shrockington 5121eath, new paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of the paid t
COUNTY OF Har hora
Sworn to (or affirmed) and subscribed before me this/9_ day of
Personally Known: or
Produced Identification: Print,/Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: , LARRY M. SAUNDERS Commission # EE 851312 Excires November 13, 2016 Banded Thu Troy Fain Insurance 800-385-7019
Produced Identification: Type of Identification Produced: LARRY M. SAUNDERS Commission # EE 85132 Expires November 13, 2016 Sanded That Tray Fair Insurance 800 ages 70 to 1

TE, HIM 94 and 0143

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, Uanta MIPS Hami Hong (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT'S A 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
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
STATE OF FLORIDA COUNTY OF
Type of Identification Produced:
FLORIDA DRIVERS CICENSE Notary Public State of Florida Tanisha Byars My Commission EE 864263 Expires 01/10/2017

2016 JUN 23 PM05:05

CANDIDATE OATH PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) (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 ___/___/ I am a qualified elector of Hlachua 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): 12/78933* 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) . Democratic Party; I have not been a registered member of any other political I am a member of the 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 Anna Angell 1352 665-3947 avaihone hotmail-co-uk
Signature of Candidate Telephone Number Email Address

13200 W Newberne Rd EE177 Newberne FL 32669
Address City State ZIP Code STATE OF FLORI Sworn to (or affirmed) and subscribed before me this _____ day of _____ Personally Known: 494 Signature of Notary Public Produced Identification: Print, Type, or Stamp commissioned Name of Notary Public Type of Identification Produced: LILLIE B. MCGEE lotary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

E. Hill Od And And

THE COLUMN TO THE PROPERTY OF
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
(PLEASE PRINT NAME AS YOU WISH 17 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 <u>/ 6</u> ,
I am a qualified elector of ACACHAA County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be no minated or elected; and I will support the Constitution of the United States and the Constitution of the State of Fiorida.
Candidate's Florida Voter Registration Number (located on your voter information card):
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
SAM Collins
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
I am a member of the 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 1292283-2007 Shu Collins 1 c Signature of Candidate Telephone Number Email Address Cox. Net
Signature of Candidate Telephone Number Email Address COY VCT
1/342 My 3/ Ad GMNJUILLE R 32606 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: 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

	OFFICE USE ONLY
OATH OF CANDIDA	TE (Section 99.021, Florida Statutes)
I, MARY ANN MEHN	
Odiffillittees	
I am a qualified elector of Alachua. Laws of Florida to hold the office to which I desire to be non States and the Constitution of the State of Florida.	County, Florida; I am qualified under the Constitution and the ninated or elected; and I will support the Constitution of the United
Candidate's Florida Voter Registration Number (located on you	
* Please print name phonetically on the line below as you wis disabilities (see instructions on page 2 of this form):	h it to be pronounced on the audio ballot for persons with
MARY ANN MAIN	<u>/</u>
STATEMENT OF PAR	RTY (Section 99.021, Florida Statutes)
I am a member of the <u>Democratic</u> party for 365 days before the beginning of qualifying preceding the assessment levied against me, if any, as a candidate for which I am a member	Party; I have not been a registered member of any other political ng the general election for which I seek to qualify; and I have paid or said office by the executive committee of the political party, of
X May ann Mehn (352) 456 Signature of Candidate Telephone No.	3 mehn. maryannogmail.com
f ·	
1657 NW 19th Circle, Gaines	ille, Florida 32605
	/ State ZIP Gode
STATE OF FLORIDA	
COUNTY OF Alachua	
Swom to (or affirmed) and subscribed before me this	(St day of June, 20/8.
Personally Known: or	Mark Deric Derogn
Produced Identification:	Signature of Notary Public 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
	140/1356-0155 10/10dHotalyocitico.com

2016 JUN 23 PM05:05

OFFICE USE ONL
OATH OF CANDIDATE (Section 99.021, Florida Statutes) I, 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
I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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
STATE OF FLORIDA. COUNTY OF HACKURF
Sworn to (or affirmed) and subscribed before me this /// day of ///////////////////////////////////
Personally Known: 45 or
Produced Identification: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

'16 JUN 21 AN 10:04

OF TICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, HAR VEY L. WARD, TR. (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT! - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
/ (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 //
I am a qualified elector of Alackor 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 4/0106
* 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 DEMOCRAGE 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 Telephone Number Email Address
3110 NG 294 Tell. Contresville FL 32605
Address City State ZIP Code
in Could
STATE OF FLORIDA COUNTY OF Alachua
Sworn to (or affirmed) and subscribed before me this 7th day of Jone,
Personally Known: or
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:
TERENCE P. FLEMING MY COMMISSION # FF934421 EXPIRES: November 05, 2019

	OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.0	004 El 11 04 4 4
I, Mark Kane Goldstew (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MAY	ONOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the office of Precinct 🔀 Committeeman 🔲 Con	mmitteewoman Precinct Number 17
I am a qualified elector of Alachua County, Flo Laws of Florida to hold the office to which I desire to be nominated or elect States and the Constitution of the State of Florida.	rida; I am qualified under the Constitution and the ted; and I will support the Constitution of the United
Candidate's Florida Voter Registration Number (located on your voter informat	
* Please print name phonetically on the line below as you wish it to be prone disabilities (see instructions on page 2 of this form):	ounced on the audio ballot for persons with
STATEMENT OF PARTY (Section 99.1 I am a member of the Democratic Party; I have party for 365 days before the beginning of qualifying preceding the general the assessment levied against me, if any, as a candidate for said office by which I ama member. X Signature of Candidate Telephone Number City City	not been a registered member of any other political
STATE OF FLORIDA COUNTY OF A Cachee	
Sworn to (or affirmed) and subscribed before me this \(\sigma\bigceq \frac{\sqrt{\sqrt{\text{day}}}}{\text{day}}\) of _	100
Personally Known: or Produced Identification:	Signature of Notary Public 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

'16 JUN 21 AM10:05

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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 I am a qualified elector of Pachuce 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) Democratic Party; I have not been a registered member of any other political I am a member of the 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) 215.9252 Telephone Number STATE OF FLORIDA COUNTY OF Alachun Sworn to (or affirmed) and subscribed before me this 10 + 10 day of Personally Known: Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: MY COMMISSION # FF934421 EXPIRES: November 05, 2019

t C. IIIM 2A on 18243

OATH	OF CANDIDATE (Sec	tion 99.021, Florida Statutes)	OIT IOL USE ONLY
(PLEASE PRINT NAME AS YOU WISH IT TO am a candidate for the office of Precinct	APPEAR ON THE BALLOT * - N/	NE MAY NOT DE CHANGED AET	
	Z communication	committeewoman F	Precinct Number <u>18</u> ,
I am a qualified elector of Alachue. Laws of Florida to hold the office to which I States and the Constitution of the State of F	Coun desire to be nominated colorida.	ty, Florida; I am qualified or elected; and I will supp	i under the Constitution and the ort the Constitution of the United
Candidate's Florida Voter Registration Num			
* Please print name phonetically on the line disabilities (see instructions on page 2 of the	below as you wish it to be is form):	pronounced on the audi	io ballot for persons with
Levin Thor	-pe		
I am a member of the	qualifying preceding the ge as a candidate for said of (352) 2(9-3	office by the executive co	red member of any other political I seek to qualify; and I have paid ammittee of the political party, of was elect keen thopped con
Signature of Candidate 5/30 S.W. 8/ Jb (Address Ci	Telephone Number	F/a State	Email Address 3268 ZIP Code
STATE OF FLORIDA COUNTY OF A lachea			
Sworn to (or affirmed) and subscribed be	fore me this <u>23</u> da	ay of June	1. 20 16
• · · · · · · · · · · · · · · · · · · ·		Jun 1/1	
Produced Identification:		Signature of Notary P Print, Type, or Stamp (
Produced Identification: Type of Identification Produced:		Print, Type, or Stamp (LARF Comm Expire Bonded 1	Public Commissioned Name of Notary Public RY M. SAUNDERS mission # EE 851312 res November 13, 2016 Thru Troy Fain Insurance 800-3857019

2016 JUN 23 PM05:05

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) Committeeman X Committeewoman am a candidate for the office of Precinct **Precinct Number** I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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): 10045 9372 * 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 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. STATE OF FLORIDA COUNTY OF / Sworn to (or affirmed) and subscribed before me this Personally Known: // Signature of Notary Public Produced Identification: Print, Type, of Stamp Commissioned Name of Notary Public Type of Identification Produced: LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

C. IIII Zan 1955

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, Darhara Drape (PLEASE PRINT NAME AS YOUWISH 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,
I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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): 100394987
* 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
STATE OF FLORIDA COUNTY OF ALACHUA
Sworn to (or affirmed) and subscribed before me this 24^{-1} day of 20 / 20 / 20 .
Personally Known: or
Produced Identification: Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:
CHARLES H. TURNER MY COMMISSION # FF 169280 EXPIRES: November 19, 2018 Bonded Thru Budget Notary Services

'16 JUN 21 an10:04

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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 County, Florida; I am qualified under the Constitution and the I am a qualified elector of 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): * 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 <u>Nomocratic</u> 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

Telephone Number

FL

State

135) 318 4164

1000 Neshit@C

Email Address

(135) 318 4164

1000 Neshit@C

Email Address

(135) 318 4164

State

Telephone Number

State

Telephone Number

State

Telephone Number STATE OF FLORIDA COUNTY OF Alachua Sworn to (or affirmed) and subscribed before me this 20th day of Jone Personally Known: _ Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: MY COMMISSION # FF934421

'16 JUN 21 AM 10:05

OATH OF CANDIDATE (Section 99.	9.021, Florida Statutes)
RICK Neshit (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MA am a candidate for the office of Precinct To Committeeman To Committee Co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MA	AY NOT BE CHANGED AFTER THE END OF QUALIFYING)
Ool	miniteewoman Precinct Number
I am a qualified elector of <u>Alach va</u> County, Flo Laws of Florida to hold the office to which I desire to be nominated or elec States and the Constitution of the State of Florida.	lorida; I am qualified under the Constitution and the cted; and I will support the Constitution of the United
Candidate's Florida Voter Registration Number (located on your voter informa	
* Please print name phonetically on the line below as you wish it to be prondisabilities (see instructions on page 2 of this form):	nounced on the audio ballot for persons with
Rick Nesbit	
STATEMENT OF PARTY (Section 99	9.021. Florida Statutes)
Tam a member of the	e not been a registered member of any other political all election for which I seek to qualify; and I have paid by the executive committee of the political party, of rick Na a Hainc.com Email Address
27431 N County Road 1491 Alachua	FL 32615
Address City	State ZIP Code
COUNTY OFA lachua	
Sworn to (or affirmed) and subscribed before me this $\frac{21s}{}$ day of	June ,20/6.
Personally Known: or	Topples
Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:	
	TERENCE P. FLEMING MY COMMISSION # FF934421 EXPIRES: November 05, 2019

'16 JUN 23 PM 2:26

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	E 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 info	ormation card): 105212281	
* Please print name phonetically on the line below as you wish it to be p disabilities (see instructions on page 2 of this form):	pronounced on the audio ballot for persons with	
Mahr-nuh West-uhn		
STATEMENT OF PARTY (Section	on 99.021, Florida Statutes)	
party for 365 days before the beginning of qualifying preceding the genthe assessment levied against me, if any, as a candidate for said office which I am a member. (352) 219-7514	ice by the executive committee of the political party, of 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 Hachua		
Sworn to (or affirmed) and subscribed before me this $\frac{23}{}$ day	of June, 20/6.	
Personally Known: or or	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public	
Type of Identification Produced: Norida Driver's Lic.	CHERYL E. PHILLIPS MY COMMISSION # FF 213573 EXPIRES: June 5, 2019 Bonded Thru Budget Notary Services	

S. HW SA ANS SACA

OATH OF CANDID	OFFICE USE ONL'
OATH OF CANDIDA	ATE (Section 99.021, Florida Statutes)
PLEASE PRINT NAME AS VALL WILLIAM PES KIN	LOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the attention of the part	LOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
Committee	man X Committeewoman Precinct Number 23
1 am a qualified elector of 1) / a . 1	
Laws of Florida to hold the office to which I desire to be non	County, Florida; I am qualified under the Constitution and the ninated or elected; and I will support the Constitution of the United
constitution of the State of Florida.	the Constitution of the United
Condidately State of the Condidate	
Candidate's Florida Voter Registration Number (located on you	ur voter information card): 100+8-7-36-9
 Please print name phonetically on the line below as you wis disabilities (see instructions on page 2 of this form): 	sh it to be pronounced on the audio ballot for
disabilities (see instructions on page 2 of this form):	on the audio ballot for persons with
STATEMENT OF PARTY (Section 99.021, Florida Statutes)	
party for 365 days before the beginning of qualifying preceding	Party; I have not been a registered member of any other political of the general election for which I seek to qualify; and I have paid a said office by the executive committee of the paid.
which I am a member.	ng the general election for which I seek to qualify; and I have paid r said office by the executive committee of the political party, of
그 한국 회사	
Signature of Candidate Telephone Nu	39-4547 inchance Kingle 10
Signature or Candidate Telephone Nui	39-4547 journes Kinghotmail. com
Address NW 46 Ct Garnesville	FC 32666 State ZIP Code
and the second s	ZIP Code
TATE OF FLORIDA	
OUNTY OF ALACHUA	
worn to (or affirmed) and subscribed before me this	aday of June 2011
rsonally Known:	
The state of the s	9 m 1 m
- Company of the Comp	Florence Squeer Mc Saucer Signature of Notary Public 1
oduced Identification:	Florence Souce Mc Yours
- Company of the Comp	Flower ce Souce how
oduced Identification:	FLORENCE SQUIER MCGOWAN
oduced Identification:	FLORENCE SQUIER MCGOWAN MY COMMISSION #FF154165
oduced Identification:	FLORENCE SQUIER MCGOWAN

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(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
I am a qualified elector of AACUA 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):
* 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
X Hulle (353)374-8458 WIJKOS. journ Community Community Email Address
Signature of Candidate Telephone Number Email Address
4B16NW 4184 Lane GAINESUITE FL 32606 Address City State ZIP Code
Address City State ZIP Code
STATE OF FLORIDA
COUNTY OF ALACHOA
Sworn to (or affirmed) and subscribed before me this <u>30</u> day of <u>June</u> , 2016.
Personally Known: or
Produced Identification: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: FLORENCE SQUIER MCGOWAN MY COMMISSION #FF154165 EXPIRES August 25, 2018

2016 JUN 23 PM05:05

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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) Party; I have not been a registered member of any other political I am a member of the 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 5717 NW 38th PL GAINESVILLE F-CA 32606
Idress City State ZIP Code STATE OF FLORID/A COUNTY OF HATCHUR Sworn to (or affirmed) and subscribed before me this ______ day of ______ Personally Known: 1/1/ Signature of Notary Public Produced Identification: Print, Type, or Stamp/Commissioned Name of Notary Public Type of Identification Produced: LILLIE B. MCGEE Motary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

2016 JUN 23 PM05:05

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) OK

(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 \square Committeeman \square Committeewoman Precinct Number 23I 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): _____/00407 876 * 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-HW-Y C-UH-K STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the <u>Democratic</u> 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. Cookca 08 @ 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 <u>23</u> day of <u>Nay</u>, 20 Personally Known: Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced:

OATH OF CANDIDATE (0-44-00-004 Fleeds 04-44-)
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(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
I am a qualified elector of Plachua 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): _しつひ 4 o l 名 3 句
* 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 HOTNE
STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the Douncratic 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. Address City State Sales
Sworn to (or affirmed) and subscribed before me this day of

2016 JUN 23 PM05:05

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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-AH-M-4H-5 L-O-G-4H-N STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the _____ 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) 373 - 4609 / 09an_+@ou+/ou Signature of Candidate Telephone Number Email Address . Com 2602 5W 14th Dr Gainesville FL 32608

city State ZIP Code STATE OF FLORIDA Sworn to (or affirmed) and subscribed before me this 23 day of May Personally Known: Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced:

'16 JUN 21 AM 10:04

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) TEACHER 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 I am a qualified elector of ______ County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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): 1003(170°70) * 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 _______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. Swall Bottcher (350) 3785490 swhottcher@Swet.com
Signature of Candidate Telephone Number Email Address (48 NW 12 Are Gainesuille FL 32605 STATE OF FLORIDA COUNTY OF Alachoc Sworn to (or affirmed) and subscribed before me this 10th day of Joe Personally Known: _____ or Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: MY COMMISSION # FF934421 EXPIRES: November 05, 2019

			OFFICE USE ONLY
OATH	OF CANDIDATE (Section	ion 99.021, Florida Statute	es)
I, SUSAN MICKE	ELBERY APPEAR ON THE BALLOT * - NA	ME MAY NOT BE CHANGED	AFTER THE END OF QUALIFYING)
am a candidate for the office of Precinct	Committeeman X	Committeewoman	Precinct Number <u>24</u> ,
I am a qualified elector of ALA. Laws of Florida to hold the office to which I States and the Constitution of the State of F	CHUA Count desire to be nominated or Florida.	y, Florida; I am quali r elected; and I will su	fled under the Constitution and the upport the Constitution of the United
Candidate's Florida Voter Registration Num		•	
* Please print name phonetically on the line disabilities (see instructions on page 2 of this	below as you wish it to be is form):	pronounced on the a	iudio ballot for persons with
	MENT OF PARTY (Section		
I am a member of the	Party; I I qualifying preceding the get as a candidate for said off	have not been a regis eneral election for whice ffice by the executive	stered member of any other political ich I seek to qualify; and I have paid committee of the political party, of
X Swar Michael Signature of Candidate	(352) 317-742 Telephone Number	2 5mi	CKELB @ all, not
			Email Address
3702 NW ZOHPLACE COL	JAINESUI Le	State	32605 ZIP Code
			Red I was a superior of the su
STATE OF FLORIDA COUNTY OFA Achua	•.		
Sworn to (or affirmed) and subscribed be	fore me this $\frac{23 - 0}{2}$ day	of June	, 20 <u>l \(\frac{1}{2} \).</u>
Personally Known: or		Cinnatura of Not:	Plen
Produced Identification:		Signature of Nota Print, Type, or Star	ary Public Imp Commissioned Name of Notary Public
Type of Identification Produced:	·		TERENCE P. FLEMING MY COMMISSION # FF934421 EXPIRES: November 05, 2019

'16 JUN 23 PN 4:08

OAT	TH OF CANDIDATE (Section 9	99.021, Florida Statuter	3)
I, WARREN MIELSEN			
(PLEASE PRINT NAME AS YOU WISH IT	TO APPEAR ON THE BALLOT * - NAME N	MAY NOT BE CHANGED	AFTER THE END OF QUALIFYING)
am a candidate for the office of Precin			
I am a qualified elector of ALAC Laws of Florida to hold the office to whice States and the Constitution of the State of	ch i desire to be nominated or el	Florida; I am qualit lected; and I will su	fied under the Constitution and the ipport the Constitution of the United
Candidate's Florida Voter Registration N			
* Please print name phonetically on the I disabilities (see instructions on page 2 of	ne below as you wish it to be protein this form):	onounced on the a	udio ballot for persons with
STAT	FEMENT OF PARTY (Section	99.021, Florida Statute	(as
I am a member of the DEMOCRA party for 365 days before the beginning of the assessment levied against me, if an which I am a member.	Party; I have of qualifying preceding the generally, as a candidate for said office	ve not been a regiseral election for which the executive	stered member of any other political ch I seek to qualify; and I have paid committee of the political party, of
X Warm Philsen	(352) 514-394	3 WENT	ELSEN@COX.NET
Signature of Candidate	Telephone Number		Email Address
3524 NW 10TH AVE.	GAINESVILLE	FL	32605
Address	City	State	ZIP Code
STATE OF FLORIDA COUNTY OF Alachua	and the same of th		
Sworn to (or affirmed) and subscribed	before me this 21st day o	1 June	, 20 <u>\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</u>
Personally Known: or		GLAWA Signature of Nota	Moshdelae
Produced Identification:		Print, Type, or Star	mp Commissioned Name of Notary Public
Type of Identification Produced:	AP.	BYAL JEANNA MARKE	MASTRODICASA

'16 JUN 21 AM 10:05

	TH OF CANDIDATE (Sect		
I, Boyan Eas (PLEASE/PRINT NAME AS YOU WISH IT	tnon		
am a candidate for the office of Precin	ct Committeeman	ME MAY NOT BE CHANGED AFTE	recinct Number 2
I am a qualified elector of ALGO Laws of Florida to hold the office to which States and the Constitution of the State	ch I desire to be nominated of Florida.	ry, Florida; I am qualified r elected; and I will suppo	under the Constitution and the ort the Constitution of the United
Candidate's Florida Voter Registration N	lumber (located on your voter in	formation card): 1153	506497
* Please print name phonetically on the l disabilities (see instructions on page 2 o	ine below as you wish it to be f this form):	pronounced on the audic	o ballot for persons with
STAT	EMENT OF PARTY (Sec	tion 99.021, Florida Statutes)	
I am a member of the Donoc party for 365 days before the beginning the assessment levied against me, if ar which I am a member.	of qualifying preceding the go ny, as a candidate for said o	eneral election for which I ffice by the executive cor	seek to qualify; and I have paid
X Bwan C Signature of Candidate	(8so) 933-1	5 24	
Signature of Candidate	Telephone Number	1	Email Address
413 NW 3 rd Ave	Gainesville	Florida	32601
Address	City	State	ZIP Code
STATE OF FLORIDA COUNTY OF A la chuq			
Sworn to (or affirmed) and subscribed	l before me this <u>10+4</u> da	y of June	
Personally Known: or		Signature of Notary P	The state of the s
Produced Identification:			Commissioned Name of Notary Public
Type of Identification Produced:	····		TERENCE P. FLEMING MY COMMISSION # FF934421 EXPIRES: November 05, 2019

'16 JUN 22 PM 4:50

	OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Sta	tutes)
I, Dud H DVOW QV Q (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME MAY NOT BE CHANGE.)	RED AFTER THE END OF OUAL IEVING).
am a candidate for the office of Precinct Committeeman Committeewoma	an Precinct Number 26,
I am a qualified elector of County, Florida; I am q Laws of Florida to hold the office to which I desire to be nominated or elected; and I wi States and the Constitution of the State of Florida.	ualified under the Constitution and the II support the Constitution of the United
Candidate's Florida Voter Registration Number (located on your voter information card):	00413703
* Please print name phonetically on the line below as you wish it to be pronounced on the disabilities (see instructions on page 2 of this form):	
party for 365 days before the beginning of qualifying preceding the general election for the assessment levied against me, it any, as a candidate for said office by the executive which I am a member.	egistered member of any other political which I seek to qualify; and I have paid
STATE OF FLORIDA	
COUNTY OF ALACHUA	
Sworn to (or affirmed) and subscribed before me this 22 day of 100E	<u>, 20 16</u> .
Personally Known: orSignature of	nelse Saleni Notary Public
	r Stamp Commissioned Name of Notary Public
Type of Identification Produced:	Notary Public State of Florida
FL DL	Alejandro E Balari My Commission FF 900983

To Him of Angles

CANDIDATE OATH PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) A . DEFILIDATION THE BALLOT* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) I am a qualified elector of _______ County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be no minated or elected; and I will support the Constitution of the United States and the Constitution of the State of Fiorida. Candidate's Florida Voter Registration Number (located on your voter information card): 100 4279 43 * 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): ontel A. Detilippi STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the 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 Candid State Telephone Mumber 27 SW 27H SL G'UI'L FIL 32607

Idrass City State ZIP Code STATE OF FLORIDA COUNTY OF Alachua Swom to (or affirmed) and subscribed before me this ZIZ day of June, 20 Personally Known: 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

'16 JUN 23 PM 4:09

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) AT 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 ____ _____ 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): 10043256 / * 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 Demockat 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 Signature of Candidate

Telephone Number

Email Address

WW3(454. Shinksville FC 32605

City State

City State STATE OF FLORIDA COUNTY OF __ Ala chua Sworn to (or affirmed) and subscribed before me this 2 st day of June, 20 Personally Known: Signature of Notary Public Produced Identification: ____ Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: JEANNA MARIE MASTRODICASA **NOTARY PUBLIC** Comm# FF074557 Expires 12/4/2017

2016 JUN 23 PM05:06

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) (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 I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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): 100395093 * 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) D'Amoc rath? I am a member of the 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 Daw Buggo Kon (35) 246-8620 dawn bknow gmil Signature of Candidate Telephone Number Email Address S NW 23-13 Temple Galverville, Pl 321 STATE OF FLORIDA COUNTY OF _AlaChua Sworn to (or affirmed) and subscribed before me this | | day of | | | Personally Known: ___ Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: Notary Public State of Florida Kristin Lowe My Commission EE 870688 Expires 02/03/2017

16 JUN 24 M10-26

OF FICE OSE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(PLEASE PRINT NAME AS 700 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 HACHUA 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): 1005 (5029
* 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 Fran Son
I am a member of the Den Corb 1 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 Color of Candidate Signature of Candidate Telephone dumber Email Address LIO 4 WE S ION (
STATE OF FLORIDA COUNTY OF Alexander
Sworn to (or affirmed) and subscribed before me this 22 day of June, 2016
Personally Known: or or
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.cem

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 Committeewan Precinct Number 27,
I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be no minated 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 Derno Chafic 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 Movea a Coopy 1352 373 – 5295 OVLCOPERS Caolican Signature of Candidate Telephone Mumber Email Address 412 N2 13 Av2 Garnesville FC 32600 Address City State ZIP Code
COUNTY OF Alexander
Sworn to (or affirmed) and subscribed before me this 2187 day of 320 , 2016 .
Personally Known: or or
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

2016 JUN 29 PM05:06

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 4 1 this moore Chestou(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MA NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the United States and the Constitution of the State of Florida. Candidate's Florida Voter Registration Number (located on your voter information card): /()// * Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form): STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the Almountie 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 l'arn a memben. Telephone Number

Email Address

Email Address

City

State

Chestnut 49 Camail. Com

Email Address

ZIP Code STATE OF FLORIDA COUNTY OF MARCHINI Sworn to (or affirmed) and subscribed before me this $\frac{\sqrt{||||}}{\sqrt{|||}}$ day of $\frac{|||}{\sqrt{||}}$ Personally Known: 1997 or Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

'16 JUN 21 AM10:05

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, WILLIAM EYERETT 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 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): <u>VOO 396928</u>
* 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):
WILLI-AM EV-ER-ETT WAR-IN-NER
STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the
STATE OF FLORIDA COUNTY OF Alachua
Sworn to (or affirmed) and subscribed before me this 1/41 day of 1, 20 16.
Personally Known: \(\sum_{\text{or}} \) or \(\sum_{\text{or}} \) \
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: TERENCE P. FLEMING MY COMMISSION # FF934421 EXPIRES: November 05, 2019

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(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):
Ter ence Flem ing
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 Telephone Number Email Address City State ZIP Code
STATE OF FLORIDA COUNTY OF
Produced Identification: Type of Identification Produced: #FF 966991 **BLIC, STATE* **BLIC

	OFFICE USE ONLY
OATH OF CANDIDA	ATE (Section 99.021, Florida Statutes)
am a candidate for the office of Precinct Committee	eman Committeewoman Precinct Number County, Florida; I am qualified under the Constitution and the minated or elected; and I will support the Constitution of the United
Candidate's Florida Voter Registration Number (located on y	
* Please print name phonetically on the line below as you we disabilities (see instructions on page 2 of this form):	vish it to be pronounced on the audio ballot for persons with
I am a member of the Domochatic party for 365 days before the beginning of qualifying prece the assessment levied against me, if any, as a candidate which I am a member.	Party; I have not been a registered member of any other political ding the general election for which I seek to qualify; and I have paid for said office by the executive committee of the political party, of STATES STATE
STATE OF FLORIDA COUNTY OF	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public MARK KEVIN GLAESER MY COMMISSION #FF089076 EXPIRES February 3, 2018 [407] 398-0153 FloridaNotaryService.com

OFFICE USE ONLY
ATH OF CANDIDATE (Section 99.021, Florida Statutes) (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 38 I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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):
STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the DENDERATO 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) 246-7-035-C X WWAY WWW (351) 505-0572-H Carrier pwa cox. net Email Address Telephone Number Email Address 136 SEIJM QVE - Caine Suile, Fl. 3264/ Address City State ZIP Code
STATE OF FLORIDA COUNTY OF CLACKWA
Sworn to (or affirmed) and subscribed before me this 315 day of

2016 JUN 23 PM05:06

OFFICE USE ONLY **QATH OF CANDIDATE** (Section 99.021, Florida Statutes) 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 I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the United States and the Constitution of the State of Florida. Candidate's Florida Voter Registration Number (located on your voter information card): * Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form): STATEMENT OF PARTY (Section 99.021, Florida Statutes) emo cratic _ 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. Candidate STATE OF FLORIDA COUNTY OF Alachua Personally Known: _ Signature of Notary/Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: **JINHUA ANGSTADT** Notary Public, State of Florida Commission# FF 186506 My comm. expires Dec. 30, 2018

2016 JUN 23 PM05:06

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) ACE M. MOORE S.

NT 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 X 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): * 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 <u>Democratic</u> 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 House M. Moore 352 792-2571 horacejustice horacejustice
Signature of Candidate Telephone Number Email Address com

1007 SE 18th TR. 6 Ville, FL 32641

Address City State ZIP Code STATE OF FLORIDA COUNTY OF Alagha Sworn to (or affirmed) and subscribed before me this 4th day of 1000 Personally Known: _____ or Signature of Notary Public \ Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: MORIE MOCRAY MY COMMISSION # FF 236461 EXPIRES: June 2, 2019 Bonded Thru Notary Rublic Underwriters

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OATH OF CANDIDATE (Section 9	9.021, Florida Statutes)
I, ONATHAN SETH SMITH (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MA	AV NOT BE CHANCED AFTER YUR FUR OF ALL VIII
am a candidate for the office of Precinct Committeeman Co	ommitteewoman Precinct Number 30
I am a qualified elector of ALACHUA County, F Laws of Florida to hold the office to which I desire to be nominated or ele States and the Constitution of the State of Florida.	lorida; I am qualified under the Constitution and thected; and I will support the Constitution of the Unite
Candidate's Florida Voter Registration Number (located on your voter information)	ation card): 100737619
* Please print name phonetically on the line below as you wish it to be pro disabilities (see instructions on page 2 of this form):	nounced on the audio ballot for persons with
j AA-n uh-th ur "s EH +n" s	m IH +b
STATEMENT OF PARTY (Section 9	9.021. Florida Statutes)
the assessment levied against me, if any, as a candidate for said office which I am a member.	e not been a registered member of any other political election for which I seek to qualify; and I have paid by the executive committee of the political party, of the executive committee of the political party, or Email Address Flort Da 32641 ZIP Code ZIP Code
STATE OF FLORIDA	
COUNTY OF Alachua	
Sworn to (or affirmed) and subscribed before me this $\frac{23^{\circ}}{}$ day of	JUNE, , 20 16.
Personally Known: or	Ungated
Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: Florida DL	V M PATEL Notary Public - State of Florida My Comm. Expires Oct 16, 2017 Commission # FF 063641

'16 JUN 20 PM 3:13

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, Julia B. Reis Kind (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
(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
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 Telephone Number Party; I have not been a registered member of any other political party, of 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. Email Address Email Address
213 SW 41 Street Gainesville FL 32607 Address City State ZIP Code
Address City State ZIP Code
STATE OF FLORIDA COUNTY OF

2016 JUN 23 PM05:06

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) HAVEA HVESSY STAHMER

LEASE 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 \square Committeeman $|\mathcal{X}|$ Committeewoman Precinct Number $\preceq 2$ I am a qualified elector of ________ County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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): 'aula Hue-ssy Stay-mer STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the <u>Democratic</u> 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 Parla La Stahrener (352) 373 3958 Daudastahren Warl. com
Signature of Candidate Telephone Number Email Address 4621 Clear Lake Dr Gainamille Fla 32607
Address State ZIP Code STATE OF FLORIDA COUNTY OF HIPCHUH Sworn to (or affirmed) and subscribed before me this /// day of //// Personally Known: _____ or Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: LILLIE B. MCGEF Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

2016 JUN 23 PM05:06

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) (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 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 Candidate's Florida Voter Registration Number (located on your voter information card): 1003 94 052 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): Ion-athan Rei-Skind STATEMENT OF PARTY (Section 99.021, Florida Statutes) l am a member of the ______ 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 (352) 2625859 JON Welskind @ gmail.cm Signature of Candidate 3 SW 41St St. Gainesville FL 32607
City State ZIP Code STATE OF FLORIDA COUNTY OF MANUAL Sworn to (or affirmed) and subscribed before me this /// day of //// Personally Known: 400 or Produced Identification: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

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OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(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 Alaucha 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):
STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the
STATE OF FLORIDA COUNTY OF
Sworn to (or affirmed) and subscribed before me this 20th day of MAY, 20 16.
Personally Known: or
Produced Identification: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:
Florion priver License Jesus Lopez, Jr. Notary Public State of Florida My Commission Expires 7/16/19 Commission No. FF 900674

'16 JUN 21 AM10:04

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) HELEN STROUM

(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 \square Committeeman \square Committeewoman \square Precinct Number $_$ 3 \Im I am a qualified elector of ______ County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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): 1004/6673 * 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) Permocratic 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. a member.

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

714 174 111 00 most 11/16 F1 32609 1621 NE 17th AV Garnesville Fl 32 STATE OF FLORIDA COUNTY OF Alachua Personally Known: ______ or Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced:

DS-DE 24C (Rev. 5/11)

2016 JUN 23 PM05:06

Rule 1S-2.0001, F.A.C.

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) (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** I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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 429343 * 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)) & M OC rat LC Party; I have not been a registered member of any other political I am a member of the 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 STATE OF FLORIDA Sworn to (or affirmed) and subscribed before me this Personally Known: Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced:, Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

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	AME MAY NOT BE CHANGED AT	FTER THE END OF QUALIFYING)
cinct Committeeman	Committeewoman	Precinct Number 35
COUP Cour rhich I desire to be nominated of te of Florida.	nty, Florida; I am qualific or elected; and I will sup	ed under the Constitution and the poort the Constitution of the United
		14498685
e line below as you wish it to b of this form):	e pronounced on the au	dio ballot for persons with
Pray-th	er	
g of qualifying preceding the gany, as a candidate for said of	I have not been a registed the second less than the less than the executive of the executive of the second less than the second less th	ered member of any other political
ed before me thisda	Signature of Notary	y Public p Commissioned Name of Notary Public
	Courrinct Committeeman Courrinct Committeeman Courrinct I Committeeman Courrinct I desire to be nominated as e of Florida. Number (located on your voter in the line below as you wish it to be of this form): Pray - Ho ATEMENT OF PARTY (see Party; gof qualifying preceding the grany, as a candidate for said of the course of the party; grany, as a candidate for said of the course of the party; grany as a candidate for said of the course of the party; grany as a candidate for said of the party as a candidate for said of t	County, Florida; I am qualification I desire to be nominated or elected; and I will supple of Florida. Number (located on your voter information card): Eline below as you wish it to be pronounced on the autof this form): Pray Herry ATEMENT OF PARTY (Section 99.021, Florida Statutes) Party; I have not been a register and, as a candidate for said office by the executive of the card of the card of the executive of the card of the executive of the card of the executive of the card of

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11, _ With Newser	ATE (Section 99.021, Florida Statutes)
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BAI	LOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
and a candidate for the office of Precinct Committee	eman TN Committee
I am a qualified elector of AMAA	County, Florida; I am qualified under the Constitution and the minated or elected; and I will support the Constitution of the United
Candidate's Florida Voter Registration Number (located on yo	our voter information card):/00582635
* Please print name phonetically on the line below as you will disabilities (see instructions on page 2 of this form):	sh it to be pronounced on the audio ballot for persons with
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party for 365 days before the beginning of qualifying preceding the assessment levied against me, if any, as a candidate for which I am a member.	Party; I have not been a registered member of any other political ng the general election for which I seek to qualify; and I have paid or said office by the executive committee of the political party, of 214-9101 **Three said **Carllink**. **Three said **Address** **Three s
Sworn to (or affirmed) and subscribed before me this Personally Known: or Produced Identification: Produced:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

2016 JUN 23 PM05:06

OFFICE USE ONLY OATH OF CANDIDATE (Section 99,021, Florida Statutes) (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 Alachua __ County, Florida; I am qualified under the Constitution and the I am a qualified elector of 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): 100922* 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): (ill) Eddia (ee) STATEMENT OF PARTY (Section 99.021, Florida Statutes) Party; I have not been a registered member of any other political I am a member of the 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 C Eddie (367378-5700)
Signature of Candidate Telephone Number

Email Address be/Is out hard

YOUR NAW 34th Ton GNV, 71

Address
City State

ZIP Code STATE OF FLORIDA COUNTY OF <u>Glachua</u> CYNTHIA J BEVILACQUA Signature of Notary Public Notary Public - State of Florida Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Commission # FF 926125 My Comm. Expires Oct 11, 2019 Type of Identification Produced: Bonded through National Notary Assn.

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CANDIDATE OATH PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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 7 Committeeman Committeewoman Precinct Number I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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): 150418516 * 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) emocratic 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 Telephone Number

Telephone Number

Telephone Number

Telephone Number

Telephone Number Signature of Candidate Carnesville Fh 3260 C STATE OF FLORIDA COUNTY OF /g/a Chua Sworn to (or affirmed) and subscribed before me this Personally Known: Signature of Notary Public Produced Identification: Print, Type/or Stamp Commissioned Name of Notary Public Type of Identification Produced: LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

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(PLEASE PRINT NAME AS YOU WIT	WW			
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am a candidate for the office of Pre	cinct Committeem	an CCommittee	THE LIES OF QUALIFY	YING)
am a qualified closter of		Committeew	oman Precinct Number	_#/
I am a qualified elector of Alams of Florida to hold the office to vertices and the Constitution of the States.	Chup	County, Florida: Lan	n qualified	
States and the Constitution of the Sta	vnich i desire to be nomi	nated or elected; and I	will support the Constitution	tution and
	to or i forida.		- Specific Constitution	of the Uni
and data to make				
Candidate's Florida Voter Registration	1 Number (located on your	Votor information	local all Mon	
Please print name phonetically on the	o final 1	voter information card):	105 65 6 795	
Please print name phonetically on this isabilities (see instructions on page 2	e line below as you wish	it to be pronounced or	the audio hallot for normal	
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orty for 365 days before the beginning assessment levied against me, if a sich I am a member.	any, as a candidate for	said office by the eye	ir which I seek to qualify; and	I have pa
e assessment levied against me, if a sich I am a member.		and chec	dive committee of the politic	cal party,
X Maxim Edwass Signature of Candidate	(30) 20	1-0-140		_
Signature of Candidate	Telephone Numb	03170	Marone Educato	2160
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Address	City	Hs	32669 ZIP Code	!
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of Identification Produced:		Print, Type, o	r Stamp Commissioned Name of Not	larv Public
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La			LILLED	•
	-		LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7	
			My Comm. Expires Jun 7, 2017 Commission # FF Commission	
		A constitution of the control of the	Commission # FF 023037	

2016 JUN 23 PM05:06

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) LEASE 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** I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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): 100 395 492 * 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 Demo (vox f) 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

Telephone Number

Telephone Number

Telephone Number

Email Address

State

Tip Code STATE OF FLORIDA Sworn to (or affirmed) and subscribed before me this $\cancel{\cancel{11}}$ day of $\cancel{\cancel{11}}$ Personally Known: UP 9 Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

2016 JUN 23 PM05:07

CANDIDATE OATH PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OATH OF CANDIDATE	ONLY
CATH OF CANDIDATE (Section 00 004 m)	
(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 Precipet Dec.	
am a candidate for the office of Precinct Committee and a candidate for the office of Precinct	
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 States and the Constitution of the State of Florida.	the
Candidate's Florida Voter Registration Number (located on your voter information card):	
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):	\dashv
- Mark H. Werner	İ
STATEMENT OF PARTY (Section 99.021, Florida Statutes)	_
I am a member of the	aid of
	-
STATE OF FLORIDA	
COUNTY OF Alachua	
Sworn to (or affirmed) and subscribed before me this day of	
Personally Known:ororor	.
Produced Identification: Signature of Notary Public	
Type of Identification Produced: Print, Type, or Stamp Commissioned Name of Notary Public	
Notary Public - State of Florida Commission # FF 023037	
DS-DE 24C (Rev. 5/11)	

OFFICE USE ONL'
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 HACKUA 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.
States and the Constitution of the Ctate of Fiering.
Candidate's Florida Voter Registration Number (located on your voter information card): 100 423871
* 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):
Au i dov
11 ri v city
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
am a member of the DAMACRATIC Party I have not been a registered asset to a
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.
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.
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 Unusual (32) 78/78/78/78/78/78/78/78/78/78/78/78/78/7
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 Telephone Number Email Address
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 Telephone Number Email Address
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 Cardidate Signature of
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, or which I am a member. X Signature of Candidate Telephone Number Full Address City State ZIP Code
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 amember. X Signature of Candidate Telephone Number Email Address State ZIP Code STATE OF FLORIDA
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, or which I am a member. X Signature of Candidate Telephone Number Full Address City State ZIP Code
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 amember. X Signature of Candidate Telephone Number Email Address State ZIP Code STATE OF FLORIDA
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 amember. X Signature of Candidate Telephone Number Email Address Signature of Candidate Telephone Number Email Address City State ZIP Code STATE OF FLORIDA COUNTY OF Machae Sworn to (or affirmed) and subscribed before me this & day of, 20 lb Personally Known: or
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 Telephone Number Email Address Signature of Candidate Telephone Number FC State ZIP Code STATE OF FLORIDA COUNTY OF Address Sworn to (or affirmed) and subscribed before me this Bow orn to (or affirmed) and subscribed before me this Bow orn to (or affirmed) and subscribed before me this Bow orn to (or affirmed) and subscribed before me this Bow orn to (or affirmed) and subscribed before me this Bow orn to (or affirmed) and subscribed before me this Bow orn to (or affirmed) and subscribed before me this Bow orn to (or affirmed) and subscribed before me this Bow orn to (or affirmed)
party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paic 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
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
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

K.IIN 24 at 19:4

CANDIDATE OATH PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY

		OTTIOE OOF OIL
OATH OF CANDIDATE (Section 99.0		
1, Rosalie M. Bandyopadhya (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT *- NAME/MAY		
am a candidate for the office of Precinct Committeeman Com		
I am a qualified elector of Alachua County, Flor Laws of Florida to hold the office to which I desire to be nominated or elect States and the Constitution of the State of Florida.	rida; I am qu ed; and I will	ualified under the Constitution and the support the Constitution of the United
Candidate's Florida Voter Registration Number (located on your voter informati		·
* Please print name phonetically on the line below as you wish it to be prono disabilities (see instructions on page 2 of this form):	ounced on the	e audio ballot for persons with
Rosalie M. Band-i-pa-dye		
STATEMENT OF PARTY (Section 99.0	021, Florida Sta	tutes)
I am a member of the Democratic Party; I have a party for 365 days before the beginning of qualifying preceding the general the assessment levied against me, if any, as a candidate for said office by which I am a member. **Example 1.53 - 332** Signature of Candidate (elephone Number)	not been a re election for v y the execut	egistered member of any other political
Signature of Candidate Glephone Number	,	Email Address
8333 SW 4th Place Gainesville Address City	FL	32607
Address	State	ZIP Code
STATE OF FLORIDA COUNTY OFALACHUA		
Sworn to (or affirmed) and subscribed before me this $\underline{\mathscr{QSry}}$ day of _	MAY	, 20 <u> /</u> 6
Personally Known: or		sey E. Pain
Produced Identification:	Signature of N Print, Type, or	NotarytPublic Stamp Commissioned Name of Notary Public
Type of Identification Produced:		BEVERLY E PAINE NOTARY PUBLIC STATE OF FLORIDA Comm# FF037934 Expires 8/7/2017

E. IIII 24 and Sed

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021 Florida Statutas)
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 X Committeeman Committeewoman Precinct Number 43
I am a qualified elector of Alachua County, Florida; I am qualified under the Constitution and the
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-dije
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
l 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 amar member.
V (A) Q () () () () () () () () ()
1 0 V wall year 1 321 31 6-1423 boandyopadhyay & msn. co
X D Jaw May (352) 318-1423 bbandyopadhyay@msn, co Signature of Candidate Telephone Number Email Address
200 d Con New Ork
Address City STATESVILLE FL 32607
State ZIP Code
STATE OF FLORIDA
COUNTY OF ACACHUA
ν.
Sworn to (or affirmed) and subscribed before me this $\frac{25}{}$ day of $\frac{100}{}$ $\frac{100}{}$, 20 $\frac{100}{}$
Personally Known: or Paris
Signature of Nation Politic
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
ype of Identification Produced:
STARY AS BEVERLY E PAINE
NOTARY PUBLIC
STATE OF FLORIDA Comm# FF037934
Expires 8/7/2017

2016 JUN 23 PM05:07

CANDIDATE OATH -PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) LUIC HELDONGE?
(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 I am a qualified elector of Alachuc 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 Candidate's Florida Voter Registration Number (located on your voter information card): 119597753 * 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 ______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 I am a member of the <u>Democratic</u> the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of X (772) 985-4540 | aurachemander Cuffed: Email Address Signature of Candidate 235th PL Apl. A203 Gainesville FL 32608
City State ZIP Code STATE OF FLORIDA COUNTY OF MANNEY Sworn to (or affirmed) and subscribed before me this _____ day of _____ Personally Known: _____ or Produced Identification: ___ Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

OFFICE USE ONL
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(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 Committee Woman Procinct Number 21/1
am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number
I am a qualified elector of ACOUC 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):
un-LEX-un de-10-AIR-un
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 Signature of Candidate Address Signature Signature
STATE OF FLORIDA COUNTY OF
Sworn to (or affirmed) and subscribed before me this 18 day of 99 , 90
Personally Known: or or
Produced Identification: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: VALERIE L. HOWARD NOTARY PUBLIC STATE OF FLORIDA Comm# FF014013 Expires 5/28/2017

16 JUN 23 PM 1:40

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) Michael Tures

(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): ___/02925979 * 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 Turteo STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the 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 Mellin (352) 374-287 (milec & michae/fur co.com
Signature of Candidate Telephone Number Email Address 5670 Nw 8072 Aw. Garlessville FL 72657
Address City State ZIP Gode STATE OF FLORIDA COUNTY OF ALA CHUA Sworn to (or affirmed) and subscribed before me this $\frac{\sqrt{3}}{\sqrt{1 + 1}}$ day of $\frac{\sqrt{20}}{\sqrt{1 + 1}}$, 20 Personally Known: _____ or Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: CHARLES H. TURNER MY COMMISSION # FF 169280

EXPIRES: November 19, 2018 Bonded Thru Budget Notary Services

To un 24 miles

	OATH OF CANDIDATE	NLY
	OATH OF CANDIDATE (Section 99.021, Florida Statutes) (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 (1) Committeeman (1) Committee May Not be changed after the end of Qualifying)	
	am a candidate for the office of Procinct	
	1 1 TOTAL COMMITTEE TO THE TAIL OF THE TAI	
	am a qualified elector of Hach Ua County, Florida: I am qualified under the County	'
	am a qualified elector of Alach (I) County, Florida; I am qualified under the Constitution and States and the Constitution of the State of Florida.	the ted
	Candidate's Florida Voter Registration Number (located on your voter information card): 100 425 0 33	-
	Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with isabilities (see instructions on page 2 of this form):	.
	is the second restructions on page 2 of this form):	
-	BAHRB-ruh Mak-DAID GOR-dun	
1.	STATEMENT OF PARTY (Section 99 034 Final Co.	-
ם ו	itty for 365 days before the Party: I have not been a resident	
tr	Party; I have not been a registered member of any other politice assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of the political party of the political party.	al
"	A A A A A A A A A A A A A A A A A A A	of
	X Signature of Candidate Telephone Number Email Address The executive committee of the political party, of the political pa	ł
	Telephone Number Email Address	m
	1131 /VV Dru Rd (talue VIII)	
,	Address City State ZIP Code	
67	ATE OF FLORID	
1	ATE OF FLORIDA UNTY OF ALACHUA	- 1
1		
Sw	orn to (or affirmed) and subscribed before me this 3 day of June 20 16	
Per	onally Known: or	
Pro	uced Identification: Ft DL Signature of Notary Public	
Тур	of Identification Produced: Print, Type, or Stamp Commissioned Name of Notary Public	
#	Wy count, expires May 5, 2017	
	S Notary Public, State of Florida Commission # FF 14310 My county, Syntes	3
	11 W 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u>`</u>	The state of the s	

	OFFICE USE ONLY
OATH OF CANDIDATE (Section	n 99.021, Florida Statutes)
1, Jacob V. Gordon	
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME	E MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the office of Precinct Committeeman	
I am a qualified elector of Alachua County, Laws of Florida to hold the office to which I desire to be nominated or of States and the Constitution of the State of Florida.	, Florida; I am qualified under the Constitution and the elected; and I will support the Constitution of the United
Candidate's Florida Voter Registration Number (located on your voter info	
* Please print name phonetically on the line below as you wish it to be predictions of the properties	pronounced on the audio ballot for persons with
JAI-KUB GOR-dur)
STATEMENT OF PARTY (Section of the STATEMENT OF PARTY) (Section of the State of the assessment levied against me, if any, as a candidate for said officially which am a member of the State of Candidate of the State of City of the State of t	ave not been a registered member of any other political teral election for which I seek to qualify; and I have paid ce by the executive committee of the political party, of
STATE OF FLORIDA COUNTY OFALACHUA	
Sworn to (or affirmed) and subscribed before me this 3^{-9} day	of June , 20 16
Personally Known:	
Produced Identification: FBTID STATE ID Type of Identification Produced: FL	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:	That, 1990, or otaling continuestoned realite of inotary Public
#	My Commission & F. 1010 Commission & FF 14310 My Comm. expires May 6, 2017
	The state of the s

'16 JUN 23 PM 2:58

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)		
(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 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):		
* 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):		
Că roll Hig man		
STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the		
STATE OF FLORIDA COUNTY OF Alachva		
Sworn to (or affirmed) and subscribed before me this 26th day of April , 20 16.		
Personally Known: or Signature of Notary Public		
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public		
Type of Identification Produced: ### BRENDAN JAY O'ROURKE MY COMMISSION # FF 918169 EXPIRES: September 8, 2019 Bonded Thru Notary Public Underwriters		

	S. All Disk is Committee and principle of the Committee o	u distributur qeyin biri keyini biro yang	OFFICE USE ONLY
	ATH OF CANDIDATE (Section 99.0	21, Florida Statutes)
1, Mitch	Glaeser		· .
am a candidate for the office of Pre	cinct Committeeman Com Chua County, Flor which I desire to be no minated or elect te of Fiorida.	ımitteewoman	Precinct Number 47
Candidate's Florida Voter Registration	n Number (located on your voter informati	ion card): <u> </u>	06400794
* Please print name phonetically on the disabilities (see instructions on page 2	ne line beiow as you wish it to be prond of this form):	ounced on the a	udio ballot for persons with
Mitch	Glarzer	er en	
I am a member of the party for 365 days before the beginning the assessment levied against me, if which I am a member.	ATEMENT OF PARTY (Section 98.6 cvat Party; Uhave 1 ng of qualifying preceding the general any, as a candidate for said office by (354 538 0072	not been a regis alection for whic y the executive	tered member of any other political th I seek to qualify, and I have paid committee of the political party, of
Signature of Candidate	Telephone Mumber		Email Address
2145 5W 94 Tell Address	Gainesville	FL State	32607 ZIP Code
STATE OF FLORIDA COUNTY OF Alachua	无人的人 建二氯 5克 5克 6克 6克 5克	BMT MEAN BOLL OLY BUT 607 MET 623-3473 B 672 201 DE 572-390	
Sworn to (or affirmed) and subscrit	ed before me this 24 day of	June	<u>, 20 6 .</u>
Personally Known: or			
Produced Identification:		Signature of Nota Print, Type, or Star	ry Public np Commissioned Name of Notary Public
Type of Identification Produced:	•		
			MARK KEVIN GLAESER MY COMMISSION #FF089076 EXPIRES February 3, 2018 FloridaNotaryService.com

'16 JUN 23 PM 2:58

OFFICE USE ONLY	
OATH OF CANDIDATE (Section 99.021, Florida Statutes)	
I, James Higmon (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 <u>47</u> ,	
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): _/00 3 89 34 8	
* 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	ial
	"
Address (City State ZIP Code	
State ZIP Gode	
STATE OF FLORIDA COUNTY OF flachua	
Sworn to (or affirmed) and subscribed before me this 26th day of April , 2016.	
Personally Known: or or	
Produced Identification:	
Type of Identification Produced: BRENDAN JAY O'ROURKE MY COMMISSION # FF 916169	
FLDL ## EXPIRES: September 8, 2019 Bended Thru Notary Public Underwriters	

	OFFICE USE ONL'
OATH OF CANDIDATE (Section of the control of the co	
am a candidate for the office of Precinct Committeeman	Committeewoman Precinct Number 5/
Candidate's Florida Voter Registration Number (located on your voter info	· · · · · · · · · · · · · · · · · · ·
* Please print name phonetically on the line below as you wish it to be p disabilities (see instructions on page 2 of this form):	pronounced on the audio ballot for persons with
STATEMENT OF PARTY (Section I am a member of the	ave not been a registered member of any other political eral election for which I seek to qualify; and I have paid ce by the executive committee of the political party, of
STATE OF FLORIDA COUNTY OF Alachua	
Sworn to (or affirmed) and subscribed before me this day Personally Known: or Produced Identification: Type of Identification Produced:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public DARRELL W. JOHNSON, SR. Commission # FF 058715 Expires January 29, 2018

PRECINCT COMMITTEEMEN AND **COMMITTEEWOMEN**

OATH OF CANDIDATE (Section 99.021, Florida Statutes) I, Albert E. White (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE PAULOS)
(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): 100 397557
* 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-i+e
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 Weet Nucleon (35) 374-9680 baby white I according to the political party, of Signature of Candidate Telephone Number Email Address City State ZIP Code
STATE OF FLORIDA
COUNTY OF Hackman
Sworn to (or affirmed) and subscribed before me this day of
Commission # FF 058715 Expires January 29, 2018 Bonded Thru Troy Fain Insurance 800-385-7019

2016 JUN 23 PM05:07

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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 X Committeeman Committeewoman Precinct Number 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 Smi-th STATEMENT OF PARTY (Section 99.021, Florida Statutes) Democratic I am a member of the 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 Signature of Candidate (352) 377-5085 votesmith04¶yahoo.com 5138 NW GO TONNES
Post Office Box 357005 Ga: **Telephone Number Email Address** Gainesville Florida Address State STATE OF FLORIDA COUNTY OF Alachua Sworn to (or affirmed) and subscribed before me this ______ day of ___ Personally Known: ___ Signature of Notary Public Produced Identification: **LESLEY NEVINS** Print, Type, or Stamp Commissioned Name of Notary Public Notary Public, State of Florida Type of Identification Produced: Commission # FF 37664 My comm. expires July 18, 2017

ir umed miorg

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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** I am a qualified elector of 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 County, Florida; I am qualified under the Constitution and the 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 STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the emocratic 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 Signature of Candidate tty ST APT 507, Gainesville, FL 3260 STATE OF FLORIDA COUNTY OF Alack Sworn to (or affirmed) and subscribed before me this _______ day of _______ Mu Personally Known: Produced Identification: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: LOIS A. HOUSTON MY COMMISSION # EE862997 EXPIRES January 27 2017 FloridaNotaryService.com

2016 JUN 23 PM05:07

CANDIDATE OATH PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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 .. I am a qualified elector of County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the United States and the Constitution of the State of Florida. Candidate's Florida Voter Registration Number (located on your voter information card): * Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form): STATEMENT OF PARTY (Section 99.021, Florida Statutes) Party; I have not been a registered member of any other political I am a member of the 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 re of Candidate STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me this 3 day of June Personally Known: _____or Signature of Notary Public Produced Identification: Print, Type, of Stamp Commissioned Name of Notary Public Type of Identification Produced: LARRY M. SAUNDERS Commission # EE 851312 Expires November 13, 2016 Bonded Thru Troy Fain Insurance 800-385-7019

TE.HIN 24 on M.A.

OFFICE USE ONLY

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(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):
* 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
2826 N E 10th Dr. Gainesville FL 32609 Address State ZIP Code
STATE OF FLORIDA
COUNTY OF Alashera
Sworn to (or affirmed) and subscribed before me this 24 day of
Personally Known:or
Produced Identification: Signature of Notary Public Rrint, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:
The state of Florida State of Florida State of Florida The state of Florida 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, CPLEASE 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 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
STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me this Personally Known: Or Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

16 JUN 24 BH 9

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, Molly MyGowan
(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)
lam a member of the Vemocra +
party for 300 days before the beginning of qualifying preceding the general election for which I each to qualify and I become
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.
* Molly Mc Louby 352 870.2321 molly shamrack gamail.co
Signature of Candidate Telephone Number Email Address
4040 NW 17th Terrace Gainesville FL 32605
HOYO'NW 17th Terrace Gainesville FL 32605 Aldress City State ZIP Code
STATE OF FLORIDA
COUNTY OF Alachma
Sworn to (or affirmed) and subscribed before me this 204 day of, 20_14
Personally Known: or \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:
LORI L. EDDY Notary Public - State of Florida Commission # FF 946159 My Comm. Expires Apr 16, 2020
Bonded through National Notary Assn.

'16 JUN 24 AN 1 0:40

	OFFICE USE ONL
OATH OF CANDIDATE	(Section 99.021, Florida Statutes)
1, Debbie Martinez	
Om a conditate for the same 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	
Candidate's Florida Voter Registration Number (located on your vote	er information card): 119199388
* Please print name phonetically on the line below as you wish it to disabilities (see instructions on page 2 of this form):	o be pronounced on the audio ballot for persons with
STATEMENT OF PARTY	
Tam a member of the	y; I have not been a registered member of any other political e general ejection for which I seek to qualify; and I have paid d office by the executive committee of the political party, of after debbermortines 440 Cox net
COUNTY OF Alachua	Achier I a Unia hamil Computer de l'Orio (e pa le Vint for) partitues
Swom to (or affirmed) and subscribed before me this	day of June, 2016.
Personally Known: or	Marl to un Danse
Produced Identification:	Signature of Notary Public
ype of Identification Produced:	Print, Type, or Stamp Commissioned Name of Notary Public
	MARK KEVIN GLAESER MY COMMISSION #FF089076 EXPIRES February 3, 2018 (407) 398-0153 FloridaNotaryService.com

'16 JUN 21 PM 12:22

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) (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 ALACHUM 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) DEMOCRATIC Party; I have not been a registered member of any other political I am a member of the 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. 5, 375,210 Email Address Signature of Candidate Telephone Number CAINESVILLE FLA. STATE OF FLORIDA COUNTY OF ALACHUA Sworn to (or affirmed) and subscribed before me this $\frac{2\sqrt{57}}{2}$ day of Personally Known: _____ or Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced:

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

"16 JUN 21 AN 10:05

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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 <u>ALACHUA</u> 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 DELOCRATIC 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

Telephone Number

Telephone Number STATE OF FLORIDA COUNTY OF Alachuc Sworn to (or affirmed) and subscribed before me this $\frac{10 + L}{2}$ day of $\frac{10 + L}{2}$ Personally Known: _____ or Signature of Notary Public Produced Identification: ____ Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: MY COMMISSION # FF934421 EXPIRES: November 05, 2019

2016 JUN 23 PM05:07

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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 had chuck 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): 100387598 * 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 Ala Krotho Jergusov (352)371-9043 Ferguson ansul Signature of Candidate Telephone Number Email Address S.W. Archer-Rd. lot 2010 Gainaville Flordia 32608 STATE OF FLORIDA COUNTY OF Alachua Sworn to (or affirmed) and subscribed before me this $\frac{23^{\text{YW}}}{3}$ day of $\frac{1}{3}$ when Personally Known: Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: . CHARLES S. CHESTNUT III Commission # EE 876071 Expires June 17, 2017 inded Thru Troy Fain Insurance 800-385-7018

16 am 94 as a.s.

	OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.02 I, Elizabeth Washington (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* NAME MAY N am a candidate for the office of Precinct Committeeman Comm I am a qualified elector of Alachua County, Floridaws of Florida to hold the office to which I desire to be nominated or elected States and the Constitution of the State of Florida.	not be changed after the end of qualifying) mitteewoman Precinct Number 59,
Candidate's Florida Voter Registration Number (located on your voter information	
* Please print name phonetically on the line below as you wish it to be pronot disabilities (see instructions on page 2 of this form): Elizuh beth Wash ing tu	·
party for 365 days before the beginning of qualifying preceding the general efficiency the assessment levied against me, if any, as a candidate for said office by which I am a member.	not been a registered member of any other political election for which I seek to qualify; and I have paid the executive committee of the political party, of the executive committee of the political party.
Produced Identification:	Signature of Notary Public 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

2016 JUN 23 PM05:07

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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): AH-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. Royald Scott Flowell

(352) 363 - 6367 Mark Schildberg & Yahoo, com Howell (352) 363-6307 markschildberg @ yahoo, com date Telephone Number Email Address 309 SW 1677 AVE APT 218 GAINESVILLE FL 32601

Address State 719 Code STATE OF FLORIDA COUNTY OF Alachu Sworn to (or affirmed) and subscribed before me this 9 day of 9Personally Known: ___ Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: DEBORAH D. MASCIALE Notary Public, State of Florida Morida Drivers License Commission # EE 858182 My comm. expires Feb. 15, 2017

2016 JUN 23 PM05:07

CANDIDATE OATH PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, OCG he line B. Davison (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
(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
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):
JEC GUE 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. **Address** 352 336 - 359 davisar 26@m s n com
STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me this Personally Known: Produced Identification: Type of Identification Produced: LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

·	OFFICE USE ONLY
OATH OF CANDIDA	ATE (Section 99.021, Florida Statutes)
I, PLEASE PRINT NAME AS YOU WISH IT TO AFFEAR ON THE BAR am a candidate for the office of Precinct Committee	LIOT* NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) eman Committeewoman Precinct Number
I am a qualified elector of ALACHUA Laws of Florida to hold the office to which I desire to be no States and the Constitution of the State of Florida.	County, Florida; I am qualified under the Constitution and the minated or elected; and I will support the Constitution of the United
	rour voter information card): 100409724
* Please print name phonetically on the line below as you we disabilities (see instructions on page 2 of this form):	vish it to be pronounced on the audio ballot for persons with
I am a member of the <u>DEMOCRATIC</u> party for 365 days before the beginning of qualifying prece the assessment levied against me, if any, as a candidate which I am a member. X J Lee R, Beat (35) Signature of Candidate Telephone	Party; I have not been a registered member of any other political ding the general election for which I seek to qualify; and I have paid for said office by the executive committee of the political party, of Number Email Address State ZIP Code
STATE OF FLORIDA COUNTY OF A CALLAC Sworn to (or affirmed) and subscribed before me this Personally Known: or Produced Identification: Type of Identification Produced:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public MARK KEVIN GLAESER MY COMMISSION #FF089076 EXPIRES February 3, 2018 (407) 398-0153 FloridaNotaryService.com

2016 JUN 23 PM05:07

CANDIDATE OATH PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) A CT PARTY OF THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number 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): STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the <u>Democratic</u> __ 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 Jant S. Ling (352) 371-0005 Jaking830@cookong
Signature of Candidate Telephone Number Email Address

2418NW 63rD Terr Gamesville Fl 32606

Address City State ZIP Code Sworn to (or affirmed) and subscribed before me this Personally Known: Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: , LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

2016 JUN 23 PM05:07

	OFFICE USE ONLY
OATH OF CANDIDATE (Section 9 I, PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME ME	99.021, Florida Statutes)
am a candidate for the office of Precinct Committeeman Committeeman	ommitteewoman Precinct Number
I am a qualified elector of ALACTUA County, F Laws of Florida to hold the office to which I desire to be nominated or electrons and the Constitution of the State of Florida.	
Candidate's Florida Voter Registration Number (located on your voter inform	nation card): 105769766
* Please print name phonetically on the line below as you wish it to be prodisabilities (see instructions on page 2 of this form):	•
he assessment levied against me, if any, as a candidate for said office which I am a member	re not been a registered member of any other political
TATE OF ELODINA	
COUNTY OF MANUE	
worn to (or affirmed) and subscribed before me this day of	JUNP_, 20/6.
ersonally Known:or	
roduced identification:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
/pe of Identification Produced: ,	LILLIE B. MCGEE Notary Public - State of Florida My Comm. Expires Jun 7, 2017 Commission # FF 023037

OFFICE USE ONLY		
OATH OF CANDIDATE (Section 99.021, Florida Statutes)		
(PLEASE PRINT NAME AS YOU WISH'T 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		
I am a qualified elector of <u>CLACHUA</u> 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): 100 421 796		
* 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		
X 1527 514-5761 donberget@gmail.com Signature of Candidate Telephone Number Email Address		
2402 NW GSTLTER GAINESVILLE FL 32606 Address City State ZIP Code		
STATE OF FLORIDA COUNTY OF TRACKUA		
Sworn to (or affirmed) and subscribed before me this 22 day of June, 20/6.		
Personally Known: or		
Produced Identification: Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public		
Type of Identification Produced: #FF 089196 #Use of Identification Produced:		
William Control of the Control of th		