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

Based on the current party rules, only the race for State Committeewoman, and the race for Precinct 46 Committeewoman will appear on the August 30<sup>th</sup> ballot.

# CANDIDATE OATH STATE COMMITTEEMEN AND COMMITTEEWOMEN

'16 JUN 24 AM 8:53

0,1020010121
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, DeLenz C. MAY
(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 State Committeeman Committeewoman
I am a qualified elector of
Candidate's Florida Voter Registration Number (located on your voter information card): 100448924
* 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):
DE LE NA MAY
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
I am a member of the LECCLICA 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 sam a member.    X
STATE OF FLORIDA  COUNTY OF

#### **CANDIDATE OATH -**STATE COMMITTEEMEN AND COMMITTEEWOMEN

'16 JUN 24 AM 8:53

			OFFICE USE ONLY
OA.	TH OF CANDIDATE (Section	99.021, Florida Statutes)	
լ <sub>,</sub> Sherrie V. McKnight			
	T TO APPEAR ON THE BALLOT * NAME	MAY NOT BE CHANGED A	FTER THE END OF QUALIFYING)
am a candidate for the office of State	Committeeman C	Committeewoman	
I am a qualified elector of Alachua Laws of Florida to hold the office to whi States and the Constitution of the State	County, ch I desire to be nominated or e of Florida.	Florida; I am qualifi lected; and I will sur	ed under the Constitution and the port the Constitution of the United
Candidate's Florida Voter Registration N		mation card).	74315
* Please print name phonetically on the disabilities (see instructions on page 2 or	line below as you wish it to be prof this form):	ronounced on the au	idio ballot for persons with
<u>Shar-e</u>	Mick Nigh	<u>+                                    </u>	
STA'	TEMENT OF PARTY (Section	n 99.021. Florida Statutes	)
I am a member of the Republican party for 365 days before the beginning the assessment levied against me, if an which I am a member.	of qualifying preceding the general ny, as a candidate for said office (561)301-9316	eral election for which	committee of the political party, of might.biz
Signature of Candidate	Telephone Number		Email Address
27831 NW 46th Avenue	Newberry	FL	32669
Address	City	State	ZIP Code
STATE OF FLORIDA Machua	<u> </u>		
Sworn to (or affirmed) and subscribed	I before me this $23$ day (	of JUNE	20 16
Personally Known:or	. ·	Unn	19 Stone
Produced Identification:		Signature of Notary Print, Type, or Stam	y <b>Public</b> np Commissioned Name of Notary Public
Type of Identification Produced: .	<u> </u>	(407) 398-012	ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017 FloridaNotaryService.com

# CANDIDATE OATH STATE COMMITTEEMEN AND COMMITTEEWOMEN

'16 JUN 24 AM 8:53

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, John Martin
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the office of State Committeeman Committeewoman
I am a qualified elector of Achac 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): 100436553
* 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):
Cyuq) (Fo) (Hed) (Net) (Mat) (cat) (Red) (Fit) (Wet)
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
I am a member of the Republican  Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.  (352) 222-3793  Signature of Candidate  Telephone Number  Email Address
6713 S.E. 232 Tor Hawthorne FL 32640 Address City Hawthorne State ZIP Code
STATE OF FLORIDA  COUNTY OF
Sworn to (or affirmed) and subscribed before me this $20$ day of $100$ day of $20$
Personally Known: or
Produced Identification: Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017  (407) 398-0153 FloridaNotaryService.com

'16 JUN 24 AM 9:39

FloridaNotaryService.com

**OFFICE USE ONLY** OATH OF CANDIDATE (Section 99,021, Florida Statutes) Paul (3) 1650 6

Per pase 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  $\, igotimes \, igotimes \, {\sf Committeewoman} \,$  Precinct Number  $\, {\cal O} \, igl)$ I am a qualified elector of Alachica 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): 100473407\* 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): Paul Gillespie 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 1352 870-3834 pizzapanteg Mail.con
Telephone Number Email Address which I am/a member. / Signature of Candidate 20428 NE 135th Ave Waldo FL 32694

Address City State ZIP Code STATE OF FLORIDA Sachua Sworn to (or affirmed) and subscribed before me this  $\frac{2}{2}$  day of  $\frac{3}{2}$  day of  $\frac{3}{2}$  day of  $\frac{3}{2}$ Personally Known: \_\_\_\_\_ or Produced Identification: 4 FL DL Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017

'16 JUN 24 AM 9:37

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) OU 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): Bornie Benefield STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the Personal 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. elected (352) 278 2571 bonne benefielde gracie Email Address 2925 NW 1774 Ave Gainesville FL 37 Address City State 2 STATE OF FLORIDA SACALIA Sworn to (or affirmed) and subscribed before me this 23 day of  $\overline{XuNE}$ Personally Known: \_\_ Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Produced Identification: \_\_\_ Type of Identification Produced: ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017

FloridaNotaryService.com

407) 398-0153

'16 JUN 24 am 9:38

OATH OF CANDIDATE (Section 99.021, Florida Statutes)		
1, //ICNAU It Kerrey		
(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	<b></b> ,	
I am a qualified elector of HUACIVA County, Florida; I am qualified under the Constitution and t Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the Unit States and the Constitution of the State of Florida.	the ted	
Candidate's Florida Voter Registration Number (located on your voter information card): 1097978/		
* 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 Perry		
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Analysis of the Deginning of qualifying preceding the general election for which I seek to qualify; and I have party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have party the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, which I am a member  X  Signature of Candidate  Telephone Number  Email Address  City  State  ZIP Code	aid of	
Sworn to (or affirmed) and subscribed before me this 23 day of Signature of Notary Public  Produced Identification:  Type of Identification Produced:  ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017 (407) 398-0153 Florida Notary Service com	- -	

'16 JUN 24 AM 9:36

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, ANN BRAY STONE
(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): 100485943
* 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):  ANN B 5 70 N E
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
I am a member of the
Address State Zir Gode
STATE OF FLORIDA  COUNTY OFAlachua
Sworn to (or affirmed) and subscribed before me this 15 day of June, 2016.
Personally Known: or
Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  SUSAN D MOSS  MY COMMISSION #FF171920  EXPIRES October 27, 2018  (407) 398-0153  FloridaNotaryService.com

'16 JUN 24 AM 9:38

OATH OF CANDIDATE (Section 99.021, Florida Statutes)		
I, BILL M STONE		
(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		
Candidate's Florida Voter Registration Number (located on your voter information card): 100485944		
* 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 REPUBLIC AN 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 ASS 283-6949 BILLOFLS TONES CO Signature of Candidate Telephone Number Email Address  3223 SW 398 <sup>TM</sup> S- NEWBERRY FL 33669  Address City State ZIP Code		
STATE OF FLORIDA COUNTY OF		

'16 JUN 24 AM 9:39

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, WALT BOYER
(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): 103649583
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
WALT BOYER
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

'16 JUN 24 AM 9:34

OFFICE USE ONLY

	OATH OF CAND	IDATE (Section 99	.021, Florida Statutes)	
I,	Sherrie V. McKnight	<b>,</b>	,	
·	(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE	,		
am	a candidate for the office of Precinct Commi	itteeman 🔽 Co	mmitteewoman	Precinct Number 06
	n a qualified elector of Alachua s of Florida to hold the office to which I desire to be es and the Constitution of the State of Florida.	County, FI nominated or ele	orida; I am qualif cted; and I will su	ied under the Constitution and the pport the Constitution of the United
Can	didate's Florida Voter Registration Number (located o	on your voter inform	ation card):/	12574315
	ease print name phonetically on the line below as you bilities ( <i>see</i> instructions on page 2 of this form):	u wish it to be pro	nounced on the a	udio ballot for persons with
	Sherrie r	Nac Night	t	
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.  Statement 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.  Statement of the				
_		one Number		Email Address
2	7831 NW 46th Avenue Newberry		FL	32669
7	Address City		State	ZIP Code
Swo Perse Prod	Orn to (or affirmed) and subscribed before me this onally Known: or uced Identification: of Identification Produced:	is $\frac{23}{}$ day of	Signature of Nota Print, Type, or Sta	, 20 / 6.  Any Public  mp Commissioned Name of Notary Public  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017  FloridaNotaryService.com

FloridaNotaryService.com

'16 JUN 24 AM 9:38 OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.0	021, Florida Statutes)		
I. Anthony M. McKnight			
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME MAY			
am a candidate for the office of Precinct Committeeman Com	nmitteewoman F	Precinct Number 06	
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 informat	ion card): 100436	209	
* Please print name phonetically on the line below as you wish it to be prond disabilities (see instructions on page 2 of this form):			
Anthony Mc Night			
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the			
Signature of Candidate Telephone Number		Email Address	
27831 NW 46th Avenue Newberry	FL	32669	
Address City	State	ZIP Code	
STATE OF FLORIDA COUNTY OF	JUNE  June  Signature of Notary  Print, Type, or Stamp	Public Commissioned Name of Notary Public	
	3/3/15/2/2/2/2/	ANN B STONE IY COMMISSION #FF047300 EXPIRES September 16, 2017 FloridaNotaryService.com	

'16 JUN 24 AM 9:35

OATH OF CANDIDATE (Section 99.021, Florida Statutes)	
I, John Martin  (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)	_
am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number	,
I am a qualified elector of Alcchuc County, Florida; I am qualified under the Constitution a Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the States and the Constitution of the State of Florida.	and the United
Candidate's Florida Voter Registration Number (located on your voter information card): 100436553	
* 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):	
John (Jug) (Fo) (HED) (NET) (MC+) (CG+) (Feb) (Fit) (A	(e)
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Rebugican Party; I have not been a registered member of any other party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I hat the assessment levied against me, if any, as a candidate for said office by the executive committee of the political powhich I am a member.    Young the proceding the general election for which I seek to qualify; and I hat the assessment levied against me, if any, as a candidate for said office by the executive committee of the political powhich I am a member.    Young the proceding the general election for which I seek to qualify; and I hat the assessment levied against me, if any, as a candidate for said office by the executive committee of the political powhich I am a member.    Young the proceding the general election for which I seek to qualify; and I hat the assessment levied against me, if any, as a candidate for said office by the executive committee of the political powhich I am a member.    Young the proceding the general election for which I seek to qualify; and I hat the assessment levied against me, if any, as a candidate for said office by the executive committee of the political powhich I am a member.    Young the proceding the general election for which I seek to qualify; and I hat the assessment levied against me, if any other proceding the general election for which I seek to qualify; and I hat the assessment levied against me, if any other proceding the general election for which I seek to qualify; and I hat the assessment levied against me, if any other proceding the general election for which I seek to qualify; and I hat the assessment levied against me, if any other proceding the general election for which I seek to qualify; and I hat the assessment levied against me, if any other proceding the general election for which I seek to qualify; and I hat the assessment levied against me, if any other proceding the general election fo	ve paid arty, of
STATE OF FLORIDA COUNTY OF	Public

'16 JUN 24 AM 9:35

OFFICE LISE ONLY

OTTIOE 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 10,
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): 100435288
* 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):
CHERYL LOBERTS
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.  X Charlo Roberts (352) 234-0069 Phil 34 we've bellsouth and Signature of Candidate Telephone Number Email Address  551 NW Seminary Ave Micanary FL 32667  Address City State ZIP Code
Sworn to (or affirmed) and subscribed before me this and subscribe

'16 JUN 24 AM 9:34

OATH QF CANDIDATE (Section 99.021, Florida Statutes)		
1, Juanita Glenn Nancarrow		
(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): 10039 2169		
* 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):		
Wah-NEE-tuh Glen Nan-care-row		
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the		
STATE OF FLORIDA.  COUNTY OF HACKUA		
Sworn to (or affirmed) and subscribed before me this 23 day of 3 une ,20/6		
Personally Known: or		
Produced Identification: Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public		
Type of Identification Produced:  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017  (407) 398-0153  FibridaNotaryService.com		

'16 JUN 24 AN 9:35

# CANDIDATE OATH PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
ma a qualified elector of ALACHAA 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 lisabilities (see instructions on page 2 of this form):
MICHAEL ROBERTS
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.    X   Muhal   D
STATE OF FLORIDA  COUNTY OF
ype of Identification Produced:  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017

'16 JUN 24 AM 9:37

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 <u>ARACAUO</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): 100469373
* 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):
Jay me Hill
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.  X John Carlo (352) 514.7004 mcl amc4280 gmal Light Signature of Candidate Telephone Number Email Address
10405 S.W. 127 Terr Archer H 321e18 Address City State ZIP Code
STATE OF FLORIDA COUNTY OF
Sworn to (or affirmed) and subscribed before me this 23 day of \( \sum_{\text{NUNC}}, 20 \) \\ Personally Known: \( \sum_{\text{Signature of Notary Public}} \)
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017

'16 JUN 24 AM 9:37

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, (PLEASE PRINTWAME 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 ——————————————————————————————————
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):
Carry D Hill
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
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; 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
Address City Archer Fl 321e18 ZIP Code
STATE OF FLORIDA) COUNTY OF
Sworn to (or affirmed) and subscribed before me this $\frac{33}{100}$ day of $\frac{300}{100}$ , $\frac{300}{100}$ .
Personally Known:or
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017

'16 JUN 24 AN 9:37

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, EUGENE LEOBESSE 77E  (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 38 42 75
* 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):
EUGENE LEO BESSETTE
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
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 Cog 7. Ber (352) 494-6884 ECBESSETTE 2 @ GMAIL. Com
Signature of Candidate Telephone Number Email Address
13916 SWANCHEN ROAM ARCHER FL 32618  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 $23$ day of $30$ , $20$ .
Personally Known: oror
Produced Identification: Of verticer Se Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:
Notary Public State of Florida Deanna Alltop My Commission FF 243019 Expires 06/22/2019

'16 JUN 24 AM 9:38

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, Julie Waldman
(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 $\boxed{V}$ Committeewoman Precinct Number $\boxed{}$ ,
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): 100436751
* 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):
I am a member of the Republican  Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.  **X** Julie** Waldman** (352) 338-7637  Signature of Candidate** Telephone Number** Email Address*    1621 NE Waldo Rd Gaine Sville R 32609     Address** City** State** ZIP Code**
STATE OF FLORIDA COUNTY OF Alakua
Sworn to (or affirmed) and subscribed before me this <u>23 al</u> day of <u></u> , 20 <u></u> , 20 <u></u> .
Personally Known: or
Produced Identification:  Produced Identification:  CYNTHIA M. MILLICAN MY COMMISSION # FF 157238 EXPIRES: September 4, 2018 Bonded Thru Notary Public Underwriters  Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public

'16 JUN 24 AN 9:39

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, UESSICO HOUSON  (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 HOMA 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): 120108246
* 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):
Jes-i-kuh han-suhn
I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.  X Signature of candidate  Telephone Number  Figure 1 3240 Terr Melvuse  City State  Sta
STATE OF FLORIDA COUNTY OF
Sworn to (or affirmed) and subscribed before me this $22$ day of $\overline{June}$ , $20$
Personally Known: or
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017 [407] 398-0153 FloridaNotaryService.com

# 4C.HW2441148

# CANDIDATE OATH PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OFFICE HOF ONLY

	OFFICE USE ONLY
OATH OF CANDIDATE	(Section 99.021, Florida Statutes)
I, WALTER GRANT (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT*	MANE MAY NOT DE QUANCES AFTER THE END OF OUR INCOME.
(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 1/4,
I am a qualified elector of <u>Alactura</u> C Laws of Florida to hold the office to which I desire to be nominal States and the Constitution of the State of Florida.	County, Florida; I am qualified under the Constitution and the ted or elected; and I will support the Constitution of the United
Candidate's Florida Voter Registration Number (located on your vo	oter information card): <u>/00</u> 43//09
* 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):	to be previousless on the address sales for persons with
11/1/	A. A
Walter Grant	
STATEMENT OF PARTY	(Section 99.021, Florida Statutes)
<b>-</b> 11	•
party for 365 days before the beginning of qualifying preceding t	arty; I have not been a registered member of any other political
the assessment levied against me, if any, as a candidate for sa	
which I am a member.	
X Detric At (352) 372-	864 I
Signature of Candidate Telephone Numb	
·	
6017 W. BLUIS Melvose	F1 3266L
4017 W. BLUD Melvose Address City	FL 3プレビレ State ZIP Code
· ·	
STATE OF FLORIDA ()	
STATE OF FLORIDA Plackia	
i de la companya de	7
Sworn to (or affirmed) and subscribed before me this $\cancel{\mathscr{L}}$	day of, 20
Personally Known: or	1 13 Store
	Sun B Stone
-	Signature of Notary Public  Print Type or Stamp Commissioned Name of Notary Public
Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
-	
Produced Identification:	Print, Type, or Stamp Commissioned Name of Notary Public
Produced Identification:	Print, Type, or Stamp Commissioned Name of Notary Public  ANN B STONE
Produced Identification:	Print, Type, or Stamp Commissioned Name of Notary Public

'16 JUN 24 AM 9:37

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, Maribel B. Lisk
(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 Alachus
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): 100407178
* 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):
Maribel Lisk
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.  X Mariba B. Lislo (352) 870 - 7850 Lisko Mari Damiel Committee of Candidate Telephone Number Email Address
3816-BN-W-45th St. Gamesuille FL 32666 Address City State ZIP Code
Address City State ZIP Code
STATE OF FLORIDA  COUNTY OF
MY COMMISSION #FF 974107 EXPIRES: March 22, 2020 Bonded Thru Notary Public Underwriters

'16 JUN 24 AN 9:37

**OFFICE USE ONLY** QATH 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) Precinct Number 22-Alachua am a candidate for the office of Precinct Committeeman Committeewoman 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. 100406551 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): Michael Lisk 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 (362) 870-7861 Signature of Candidate **Telephone Number Email Address** STATE OF FLORIDA COUNTY OF Alachua Sworn to (or affirmed) and subscribed before me this  $\frac{\partial \mathcal{A}^{\textit{Md}}}{\partial \mathcal{A}^{\textit{Md}}}$  day of  $\underline{\mathcal{A}^{\textit{Md}}}$ Personally Known: Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: TERRI L. MATCHETT MY COMMISSION # FF' 188338 EXPIRES: February 3, 2019 Bonded Thru Notary Public Underwriters

'16 JUN 24 AN 9:36

**OFFICE USE ONLY** OATH OF CANDIDATE (Section 99.021, Florida Statutes) NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number 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 Regular Name 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 aimember. (352) 275 - 9 Telephone Number Signature of Candidate st St. Gainesville FL 3 STATE OF FLORIDA COUNTY OF Alachua Sworn to (or affirmed) and subscribed before me this 20th day of \_\_\_\_\_ Personally Known: Signature of Notary Public Produced Identification: \_\_ Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: TAMMY S. TEW Florida Drivers Notary Public, State of Florida Commission# FF 928438 My comm. expires Oct. 18, 2019

'16 JUN 24 AM 9:37

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* ANAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the office of Precinct $\nabla$ Committeeman $\square$ Committeewoman Precinct Number $24$
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): 100428/78
* 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):
I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.  X All Holling 352 359-5677 Wike Suf 53 Chotmailice Signature of Candidate Telephone Number Email Address  1523NW 39 Du Gainesuille FL 32605  Address City State ZIP Code
SWORN TO (or affirmed) and subscribed before me this 23 day of

'16 JUN 24 AN11:54

OATH OF CANDIDATE (Section 99.0	)21, Florida Statutes)
1, Thetory Sobatini	
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MAY	
am a candidate for the office of Precinct	
I am a qualified elector of Acchoq 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	ion card): 12273948 <b>6</b>
* 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 audio ballot for persons with
AN THU NEE SA BUH	THE NEE
I am a member of the Republican 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 am a member.  X (352) - 455 - 296  Signature of Candidate Telephone Number  420 Address City	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  Email Address
STATE OF FLORIDA  COUNTY OF	Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017  (407) 398-0153  Florida Notary Service com

'16 JUN 24 AM 9:35

•	ATH OF CANDIDATE (Section	99.021, Florida Statutes)	
1, DANGUE	PIFALO		
	HIT TO APPEAR ON THE BALLOT* - NAME		
am a candidate for the office of Pre		Committeewoman	Precinct Number 4
I am a qualified elector of AAA Laws of Florida to hold the office to v States and the Constitution of the Sta	vhich I desire to be nominated or e	Florida; I am qualifi elected; and I will sup	ied under the Constitution and the oport the Constitution of the United
Candidate's Florida Voter Registratio	n Number (located on your voter info	rmation card):/C	0409869
* Please print name phonetically on the disabilities (see instructions on page to the disabilities).	ne line below as you wish it to be p 2 of this form):	ronounced on the au	udio ballot for persons with
J	) AR LENE	PIFALO	
I am a member of the party for 365 days before the beginni the assessment levied against me, is which I am a member.  Signature of Candidate  Address	ng of qualifying preceding the gen	ave not been a regis eral election for whic ce by the executive	tered member of any other political h I seek to qualify; and I have paid
STATE OF FLORIDA COUNTY OF	bed before me this <u>21</u> day	Signature of Nota	1) Stone

'16 JUN 24 AN 10:35

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) M DOLINSKY 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): \* 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 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) 256-2047 Maxim, dolinsky a e of Candidate Telephone Number Email Address gmail, 47th St. Unit A. Gainesville FL 32601

City State TD Code Signature of Candidate STATE OF FLORIDA COUNTY OF ALACHUA Sworn to (or affirmed) and subscribed before me this  $\frac{24^{11}}{}$  day of Personally Known: \_\_\_ 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 24 AM 9:34

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) PEN EL REX DUEN 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): 10726626 \* 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): Daniel Rex Owen STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a-member. Signature of Candidate Telephone Number **Address** STATE OF FLORIDA COUNTY OF Alachua Sworn to (or affirmed) and subscribed before me this 21 \_ day of June Personally Known: Signature of Notary Public Produced Identification: \_ Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: EXPIRES: December 20, 2019 Bonded Thru Budget Notary Services

'16 JUN 24 AM 9:39

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, Mary K. Devlin (Please print name as you wish it to appear on the ballot name may not be changed after the end of qualifying)
am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number 30,
I am a qualified elector of
Candidate's Florida Voter Registration Number (located on your voter information card): 10040508Z
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
Mary K. Derlin
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
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   May   Cultivity   (352) 219-4693   Marn, be @g mail: Com Signature of Candidate   Telephone Number   Email Address   Email Address   219 Code   219 Code
HOY NE 44th St. Gainesville FL 3264/ Address City State ZIP Code
STATE OF FLORIDA COUNTY OF Alachua
Sworn to (or affirmed) and subscribed before me this 22 <sup>nd</sup> day of June , 2016.
Personally Known: or Signature of Notary Public
Produced Identification: X Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  String Policy GERALD TANNER
FLDL  MY COMMISSION # FF 900022  EXPIRES: July 15, 2019  Bonded Thru Budget Notary Services

'16 JUN 24 AM 9:39

	OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.0	021, Florida Statutes)
1, Richard E. DEVINO (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY	Y NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the office of Precinct 🔀 Committeeman 🔲 Com	_
I am a qualified elector of Alach A 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.	orida; 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	ition card): 100 40 50 5 7
* Please print name phonetically on the line below as you wish it to be prondisabilities (see instructions on page 2 of this form):	
RICHARD E. DEV/	
STATEMENT OF PARTY (Section 99.  I am a member of the REPULICAN 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 am a member.  X  Signature of Candidate  Telephone Number  444  Address  City	not been a registered member of any other political lelection for which I seek to qualify; and I have paid by the executive committee of the political party, of    33
STATE OF FLORIDA COUNTY OF Alachua	
Sworn to (or affirmed) and subscribed before me this 22 <sup>nd</sup> day of	June 20 16.
Personally Known: or	Signature of Notary Public
Produced Identification: X	Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:	STARY PURE GERALD TANNER
FLDL	GERALD TANNER  MY COMMISSION # FF 900022  EXPIRES: July 15, 2019  Bonded Thru Budget Notary Services

'16 JUN 24 AM 9:39

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 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): 105895422
* 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 PUDICAN  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  (70 480-1888  Signature of Candidate  Telephone Number  Final Address  City  State  ZIP Code
STATE OF FLORIDA COUNTY OF
Sworn to (or affirmed) and subscribed before me this 23 day of June 4, 20 lb.  Personally Known:
Produced Identification: Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017

'16 JUN 24 AM 9:39

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, Anthony Delano
(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 HOCNMO 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): 121005255
* 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):
Anthony Delano
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.
X arthur Delesa (1772) 618-5801 capriboy 1230 pyahoo com
Signature of Candidate Telephone Number Email Address
409 NW 48th Blud Gainesville FL 32607 Address City State ZIP Code
Address State 21r State
STATE OF FLORIDA
COUNTY OF Wachaa
Sworn to (or affirmed) and subscribed before me this $\frac{23}{43}$ day of $\frac{140E}{400}$ , $\frac{20}{400}$
Personally Known:or
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:
ANN B STONE MY COMMISSION #FF047300
EXPIRES September 16, 2017 (407) 398-0153 FloridaNotaryService.com

'16 JUN 24 AM 9:37

	311102 002 ONE1
I, OATH OF CANDIDATE (Section 99.02)	
am a candidate for the office of Precinct Committeeman Comm	nitteewoman Precinct Number 32, da; I am qualified under the Constitution and the
* Please print name phonetically on the line below as you wish it to be pronoud disabilities (see instructions on page 2 of this form):	
I am a member of the Robblican Party; I have no party for 365 days before the beginning of qualifying preceding the general et the assessment levied against me, if any, as a candidate for said office by which I am a member.  X Math Robblican Party; I have no party for 365 days before the beginning of qualifying preceding the general et the assessment levied against me, if any, as a candidate for said office by which I am a member.  X Math Robblican Party; I have no party for 365 days before the beginning of qualifying preceding the general et the assessment levied against me, if any, as a candidate for said office by which I am a member.  X Math Robblican Party; I have no party for 365 days before the beginning of qualifying preceding the general et the assessment levied against me, if any, as a candidate for said office by which I am a member.  X Math Robblican City Telephone Number  City Address	ot been a registered member of any other political lection for which I seek to qualify; and I have paid
	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public  LANCE GARDNER Notary Public, State of Florida My comm. expires May 5, 2017 Commission Number FE (1823)

'16 JUN 24 AM 9:38

OATH OF CANDIDATE (Section		
I, Doris L Perry  (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME	MAY NOT DE CHANGED AFTER THE END OF CHALLEVING	
am a candidate for the office of Precinct Committeeman	Z - 1 1	
I am a qualified elector of Alachua County,		
Laws of Florida to hold the office to which I desire to be nominated or estates and the Constitution of the State of Florida.	elected; and I will support the Constitution of the United	
Candidate's Florida Voter Registration Number (located on your voter info	mation card): <u>/ 0 0 3 9 3 4 3 8</u>	
* Please print name phonetically on the line below as you wish it to be p disabilities (see instructions on page 2 of this form):	ronounced on the audio ballot for persons with	
Doris L. Perry		
STATEMENT OF PARTY (Section	n 99.021, Florida Statutes)	
I am a member of the <u>Republican</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 Down Leave (352) 331-1 Signature of Candidate Telephone Number	907 Perrydo@gmail.cu	
5771 NW 4+hPl. Gainewille, FI	32607	
Address City	State ZIP Code	
STATE OF FLORIDA SACHUA		
Sworn to (or affirmed) and subscribed before me this $20$ day	of Jung 20,16	
Personally Known:or	Jan D. Slone	
Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public	
Type of Identification Produced:	ANN B STONE	
	MY COMMISSION #FF047300	
	EXPIRES September 16, 2017	

'16 JUN 24 AM 9:34

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, Keth E MCThhi S (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>33</u> ,
I am a qualified elector of
Candidate's Florida Voter Registration Number (located on your voter information card): 100440815
* 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):
KEITH MCINNIS
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
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 X X X X X X X X X X X X X X X X X X
Address City Scale ZIP Code
COUNTY OF
Sworn to (or affirmed) and subscribed before me this $\frac{33}{100}$ day of $\frac{300}{100}$ , $\frac{300}{100}$
Personally Known: 4 or Man 13 Mans
Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:
ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017

'16 JUN 24 AN 9:38

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
ROSALINALLER (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)  am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number 35
I am a qualified elector of ANDIOT 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):
ROS A WN MILLER
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the REPUBLICAN Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.    Yardy   13   352   692   4466   Roz 57@Cox NET
Sworn to (or affirmed) and subscribed before me this \( \frac{\partial 3}{\partial 2} \) day of \( \partial 2 \part

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OTTION OF CITAL
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 $\square$ Committeeman $\square$ Committeewoman Precinct Number $37$ ,
I am a qualified elector of ALACHUA County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the United States and the Constitution of the State of Florida.
Candidate's Florida Voter Registration Number (located on your voter information card):
* 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):
DAVID 5 DANVERS
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
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.    32605   Annex   State   State   32605   Annex   State   32605   Annex   State   32605   Annex   State   32605   Annex   State   Sta
Address City State 32605  ZIP Code
STATE OF FLORIDA COUNTY OF
Sworn to (or affirmed) and subscribed before me this $\frac{23}{43}$ day of $\frac{3}{100}$ , $\frac{20}{100}$ ,
Personally Known: or
Produced Identification: Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017  (407) 398-0153 FloridaNotaryService.com

'16 JUN 24 AM 9:38

OF FICE USE ONLY
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 37,  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):/ 100475374
* 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 Publican 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 ama member.  X  Signature of Candidate  Telephone Number  Telephone Number  Email Address  Cannes ville, F1 32606
Address Maling City State ZIP Code P.O. Box 357247 Gaines ville, Fl 32635
STATE OF FLORIDA COUNTY OF Alachu α
Sworn to (or affirmed) and subscribed before me this 21 day of June , 20 10.  Personally Known: or

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		principal designation of the second second second second	OFFICE USE ONLY
I, (PLEASE PRINT, NAME AS YOU WISH IT TO	County desire to be nominated or	EMAY NOT BE CHANGED OF COmmitteewoman	Precinct Number 42,
Candidate's Florida Voter Registration Num			
* Please print name phonetically on the line disabilities (see instructions on page 2 of thi	below as you wish it to be is form):	pronounced on the a	udio ballot for persons with
I am a member of the Report Cover party for 365 days before the beginning of the assessment levied against me, if any, which I am a member.  X Signature of Candidate	qualifying preceding the ge as a candidate for said of	nave not been a regis neral election for whi fice by the executive	stered member of any other political ch I seek to qualify; and I have paid
STATE OF FLORIDA COUNTY OF	fore me this <u>A.3</u> day	Signature of Note	ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017

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OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) CON WISH IT TO APPEAR ON THE BALLOT\* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) Committeeman Committeewoman am a candidate for the office of Precinct 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) 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 Address STATE OF FLORIDA **COUNTY OF** Sworn to (or affirmed) and subscribed before me this \_ Personally Known: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Produced Identification: \_ Type of Identification Produced: ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017

FloridaNotaryService.com

(407) 398-0153

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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 43,
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): 10042 4154
* 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):
Thomas Hayes Morrison
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the NEAU (Can) 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 Hum Flag (Section 99.021, Florida Statutes)  Party; I have not been a registered member of any other political party 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 Hum Flag (Section 99.021, Florida Statutes)  Telephone Number  Email Address  ZIP Code
STATE OF FLORIDA  COUNTY OF

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OATH OF CANDIDATE (Section 99.021, F	lorida Statutes)
1, JOHN GMENOURER	
(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	eewoman Precinct Number 44,
I am a qualified elector of County, Florida; Laws of Florida to hold the office to which I desire to be nominated or elected; States and the Constitution of the State of Florida.	; I am qualified under the Constitution and the and I will support the Constitution of the United
Candidate's Florida Voter Registration Number (located on your voter information of	eard): 100525276
* Please print name phonetically on the line below as you wish it to be pronounc disabilities (see instructions on page 2 of this form):	ced on the audio ballot for persons with
JOHN G ME-NO-HER	
STATEMENT OF PARTY (Section 99.021,	Florida Statutes)
Party; I have not I party for 365 days before the beginning of qualifying preceding the general electhe assessment levied against me, if any, as a candidate for said office by the which I am a member.  X Signature of Candidate  Telephone Number  Address  Office by the Candidate  Telephone Number  Address  Telephone Number	5 ID M2NOHEL & SOUTH Email Address
STATE OF FLORIDA  COUNTY OF	;
Sworn to (or affirmed) and subscribed before me this $23$ day of $1$	4 NE ,20/6
Personally Known: or	Ann D Stone
<i>                                    </i>	nature of Notary Public nt, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:	ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017 FloridaNotaryService.com

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OATH OF CANDIDATE (Section 99.021, Florida Statutes)  Stephen Stafford Jones
(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):
* 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):  Steven Stafford Jonos
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member  X Assessment fevied 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 Assessment fevied 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 Assessment fevied 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 Assessment fevied 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 Assessment fevied 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 Assessment fevied 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 Assessment fevied 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 Assessment fevied 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 Assessment fevied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member fevied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member fevied against me, if any as a candidate for said office by the executive committee of the political party fevied fevied fevied fevied fevied fevied fevied fevied fevied
STATE OF FLORIDA  COUNTY OF

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OATH OF CANDIDATE (Section 99.0	021, Florida Statutes)
1, Stafford Jones	
(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 Com	nmitteewoman Precinct Number $46$ ,
I am a qualified elector of 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.	orida; 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	tion card): 100 4 17 6 6 4
* Please print name phonetically on the line below as you wish it to be prondisabilities (see instructions on page 2 of this form):  Stafford Jones	ounced on the audio ballot for persons with
I am a member of the	not been a registered member of any other political election for which I seek to qualify; and I have paid
STATE OF FLORIDA  COUNTY OF	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public  ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017

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OATH OF CANDIDATE (Section 99.021, Florida Statutes)
John Stevens
(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>46</u> ,
I am a qualified elector of
Candidate's Florida Voter Registration Number (located on your voter information card): 100459556
* 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 Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.     X
Sworn to (or affirmed) and subscribed before me this

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OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, Susan C. Williams
A candidate for the office of Precinct Committeeman Committeewoman Precinct Number 46, 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):  Susan Williams
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Public Can 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.  **Epublic And 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 Jusan C. Williams** (352) 332-2872 bearhugs1923@cox,net** Email Address  **Signature of Candidate** Telephone Number** Email Address  **Signature of Cand
STATE OF FLORIDA COUNTY OF Clackua
Sworn to (or affirmed) and subscribed before me this $\frac{23}{3}$ day of $\frac{3}{3}$ day of $\frac{3}{3}$
Personally Known: or Sun 13 Stone
Produced Identification: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017  (407) 398-0153  Florida Notany September 2017

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OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, Robbie Stevens
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number 46,
I am a qualified elector of Alachua County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the United States and the Constitution of the State of Florida.
Candidate's Florida Voter Registration Number (located on your voter information card): 100459768
* 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): $ \mathcal{R} \ \mathcal{B} \ \mathcal{B} \ \mathcal{E} \ \mathcal{S} \mathcal{F} \mathcal{E} \mathcal{N} \mathcal{S} $
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which am a member.  Signature of Candidate Telephone Number Email Address Com  Address City State ZIP Code
SWORN TO (or affirmed) and subscribed before me this 2 day of

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		OITIGE OUE ONL!
OATH OF CANDIDATE (Section 99.0	21, Florida Statutes)	
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT "- NAME MAY		
,		
am a candidate for the office of Precinct Committeeman Committeeman	ımitteewoman Pre	cinct Number <u>+6</u> ,
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 u ed; and I will support	nder the Constitution and the the Constitution of the United
Candidate's Florida Voter Registration Number (located on your voter information)	ion card): 7. /004	5 9534
* Please print name phonetically on the line below as you wish it to be prondisabilities (see instructions on page 2 of this form):	ounced on the audio b	pallot for persons with
Wevoker	· 	
STATEMENT OF PARTY (Section 99.	.021, Florida Statutes)	
I am a member of the Personne 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 which I am a member.	election for which I so by the executive comm	eek to qualify; and I have paid mittee of the political party, of
Signature of Candidate Telephone Number	<u>Melabre</u>	mail Address
Signature of Candidate relephone Number	E	nan Audress
2701 00 103 Umy Carresinte	FL	32.606
Address	State	ZIP Code
STATE OF FLORIDAY COUNTY OF	T	//-
Sworn to (or affirmed) and subscribed before me this $23$ day of	June	, 20
Personally Known: or	Lann	( ) Stone
Produced Identification: $FL DL$	<b>Signature of Notary Pul</b> Print, Type, or Stamp Co	blic mmissioned Name of Notary Public
Type of Identification Produced:	adhiin.	
	(407) 398-0153	ANN B STONE Y COMMISSION #FF047300 KPIRES September 16, 2017

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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 $\square$ Committeeman $\!$
I am a qualified elector of
Candidate's Florida Voter Registration Number (located on your voter information card): 100465800
* 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):
Christie Jones
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.    X   Window   Gard   Gar
STATE OF FLORIDA  COUNTY OF
Type of Identification Produced:  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017  (407) 398-0153 FloridaNotaryService.com

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				OFFICE USE UNL
-	OATH OF CAND	IDATE (Section 99.02	1, Florida Statutes)	
I, PLEASE PRINT NAME AS	Blumer S YOU WISH IT TO APPEAR ON THE	BALLOT * - NAME MAY N	IOT BE CHANGED A	FTER THE END OF QUALIFYING)
am a candidate for the office	of Precinct Commi	itteeman 🚺 Comr	nitteewoman	Precinct Number <u>46</u>
I am a qualified elector of _ Laws of Florida to hold the of States and the Constitution of	fice to which I desire to be	County, Flori nominated or electe	da; I am qualifi d; and I will sup	ied under the Constitution and the poort the Constitution of the United
Candidate's Florida Voter Re	gistration Number (located c	on your voter informatio	on card): 123	2523508
* Please print name phonetica disabilities (see instructions o		· · ·	unced on the au	udio ballot for persons with
	JEN14 100	// ei		
I am a member of the party for 365 days before the the assessment levied agains which I am a member.  X JUNES  Signature of Ca  9485 NW 23,2 P	st me, if any, as a candida  (352)  Indidate  Telepho	Party; I have neceding the general eate for said office by 682-7376  Done Number	iot been a regis election for which the executive	tered member of any other politica th I seek to qualify; and I have paid committee of the political party, o
STATE OF FLORIDA COUNTY OF  Sworn to (or affirmed) and service of Identification Produced:  Type of Identification Produced:			Signature of Nota	nn Datono

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			OFFICE USE UNLY
1. Britany R	OATH OF CANDIDATE (Section	99.021, Florida Statutes)	
(PLEASE PRINT NAME AS YOU	WISH IT TO APPEAR ON THE BALLOT - NAME I	MAY NOT BE CHANGED AFTE	R THE END OF QUALIFYING)
Laws of Florida to hold the office States and the Constitution of the	County, to which I desire to be nominated or e State of Florida.	Florida; I am qualified lected; and I will suppo	under the Constitution and the irt the Constitution of the United
Candidate's Florida Voter Registra	ation Number (located on your voter infor	mation card): <u>12196</u>	4934
disabilities (see instructions on pa	n the line below as you wish it to be po ge 2 of this form): Blooner	ronounced on the audic	ballot for persons with
	STATEMENT OF PARTY (Section	n 99 021 Florida Statutes)	
I am a member of the	Party; I hanning of qualifying preceding the general party, as a candidate for said office (352) 2197107	ave not been a registere eral election for which I ce by the executive cor	ed member of any other political seek to qualify; and I have paid mmittee of the political party, of
Signature of Candida		•	Email Address
9485 NW 23rd Place	Gorialsville	State	32606 ZIP Code
		-	
STATE OF FLORIDA	lua	,f	
Sworn to (or affirmed) and subs	cribed before me this $23$ day	of Sure	
Personally Known:or		Signature of Notary F	
Produced Identification:		Print, Type, or Stamp (	Commissioned Name of Notary Public
Type of Identification Produced:	· · · · · · · · · · · · · · · · · · ·	(407) 338-0153	ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017 FloridaNotaryService.com

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OATH OF CANDIDATE (Section 99.021, Florida Statutes)				
I Tammy				
(PLEASE PRINT NAME AS	Prince S YOU WISH IT TO APPEAR ON THE BA	ALLOT* - NAME MAY NOT	BE CHANGED AFTER THE END	OF QUALIFYING)
am a candidate for the office	of Precinct Committee	eman 🔀 Committe	eewoman Precinct N	lumber <u>47</u> ,
I am a qualified elector of Laws of Florida to hold the of States and the Constitution of	Alachua fice to which I desire to be no	County, Florida;	I am qualified under th	ne Constitution and the
Candidate's Florida Voter Reç	gistration Number (located on	your voter information c	ard): 10040341	47
* Please print name phonetica disabilities (see instructions of		wish it to be pronound	ed on the audio ballot fo	or persons with
Tuh-am-r	iee P-			
	beginning of qualifying prece	Party; I have not be ding the general electer for said office by the 215-3352 Part Number	been a registered memb tion for which I seek to de e executive committee d	qualify; and I have paid of the political party, of Qeen com
STATE OF FLORIDA COUNTY OF or Produced Identification: or		Sig	nature of Notary Public nt, Type, or Stamp Commission	ned Name of Notary Public
Type of Identification Produced:		EXI	BRANDON HARTKE COMMISSION # FF 150461 PIRES: August 13, 2018 I Thru Notary Public Underwriters	

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OATH OF CANDIDATE (Section 99.02	
1, Susan C. Bailo  (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MAY N	
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MAY N	NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the office of Precinct Committeeman Committeeman	
I am a qualified elector of HLACHUA County, Flori Laws of Florida to hold the office to which I desire to be nominated or elected States and the Constitution of the State of Florida.	ida; I am qualified under the Constitution and the ed; and I will support the Constitution of the United
Candidate's Florida Voter Registration Number (located on your voter information	on card): 100 4 7 45 18
* Please print name phonetically on the line below as you wish it to be prono disabilities (see instructions on page 2 of this form):	unced on the audio ballot for persons with
Susan Baild	·
STATEMENT OF PARTY (Section 99.0	121. Florida Statutes)
Party; I have reparty for 365 days before the beginning of qualifying preceding the general of the assessment levied against me, if any, as a candidate for said office by which I am a member.    X	election for which I seek to qualify; and I have paid y the executive committee of the political party, of
Signature of Candidate Telephone Number	Email Address COM
Z946 Sw 98 " Way 6 VILL F Address City	Z 32608
Address City	State 32608 ZIP Code
STATE OF FLORIDA COUNTY OF Alachua	
Sworn to (or affirmed) and subscribed before me this <u>2/</u> day of _	JUNE, 20/6
Personally Known: or	Unn Blone
Produced Identification:	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:	ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017 (407) 398-0153 FloridaNotaryService.com

'16 JUN 24 AM 9:38

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, Havold Lise (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 $\square$ Committeewoman $\square$ Precinct Number $280$ ,
I am a qualified elector of
Candidate's Florida Voter Registration Number (located on your voter information card): 100472286
* 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):
Harold L Wise
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.  X Hand Candidate Telephone Number Email Address  4712 5W 67th Ten Gainesuille FL 32608  Address City State ZIP Code
STATE OF FLORIDA  COUNTY OF
Personally Known: or
Type of Identification Produced:  ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017  (407) 398-0153 Florida Notary Service com

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OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, FLEASE 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
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):  Tim Rogers
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.  (352) 262-4856 Tim Rocers RPh O Attor.co
Signature of Candidate Telephone Number Email Address  2628 NW 16257 NEWBERRY FL 32669  Address City State ZIP Code
STATE OF FLORIDA COUNTY OF Alechua
Sworn to (or affirmed) and subscribed before me this <u>d</u> day of <u>June</u> , 20 16.
Personally Known: or
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:
JOSHUA FLEMING  MY COMMISSION #FF016863  EXPIRES May 26, 2017  (407) 398-0153 Florida Notary Service.com

'16 JUN 24 AN 9:38

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
Transla Thomas (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 49  I am a qualified elector of Arachua 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): 100414760  * 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):  Row Thornton
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 Party; I have not been a registered member of any other political party in the party of the executive committee of the political party, of which I am a member.  X Party; I have not been a registered member of any other political party in the party of the executive committee of the political party, of which I am a member.  X Party Thomas Cooking Telephone Number  Telephone Number  Email Address  3 Z 669  ZIP Code
STATE OF FLORIDA COUNTY OF ACCUMANT Sworn to (or affirmed) and subscribed before me this and subscribed before me this accumant to the subscribed before me the subscribed before me the subscribed before me this accumant to the subscribed be

'16 JUN 24 AM 9:38

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, E · Barrier T / Norther (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 49
I am a qualified elector of Alachus 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): 100384308
* 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):
Bernies Thomton
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Party in 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) 472-626  Signature of Candidate  Telephone Number  Email Address  City  State  ZIP Code
STATE OF FLORIDA COUNTY OF Alachia Sworn to (or affirmed) and subscribed before me this and subs

States and the Constitution of the State of Florida.

disabilities (see instructions on page 2 of this form):

I am a member of the PEPUBUCAN

Signature of Candidate

which I am a member.

STATE OF FLORIDA

Personally Known:

Produced Identification: \_

Type of Identification Produced:

COUNTY OF Hach ya

LAR-EE NU-SUHM

'16 JUN 21 AN1 0:36

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) LAUR (E DEWSOM

OF EACE DRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT\* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) Precinct Number ≤0 am a candidate for the office of Precinct 

Committeeman Committeewoman I am a qualified elector of Hunchurk 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 0039287 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 **STATEMENT OF PARTY** (Section 99 party for 365 days before the beginning of qualifying preceding the genera the assessment levied against me, if any, as a candidate for said office ure / tenson ( ) 352 377 Telephone Number Sworn to (or affirmed) and subscribed before me this  $\frac{14}{}$  day of

9.021, Florida Statutes	)	
I election for which	ered member of an h I seek to qualify; a committee of the po	and I have paid
7733 /7	EWSOM Eyes	surgicenter
•		com
FL	32605	
State	ZIP C	ode
		t.
June	, 20 <u>     </u>	
Slogge	n K Sale	
Signature of Notai	ry Public	0
Print, Type, or Stan	np Commissioned Name	of Notary Public
-		
	SHARON K. SALLEY MY COMMISSION # FF 082: EXPIRES: February 3, 20 Bonded Thru Notary Public Under	18 🖁
	Rule	1S-2.0001, F.A.C.

'16 JUN 24 AM 9:40

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, John Hartnett
(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 52,
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):
John Hart net
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the
STATE OF FLORIDA  COUNTY OF MEChan  Sworn to (or affirmed) and subscribed before me this 23 day of June, 2016.
N/ BOA
Personally Known: or
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017 [407) 398-0153 FloridaNotaryService.com

'16 JUN 24 AM 9:34

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
1, DEBRA LYNN MCELROY
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number 55,
I am a qualified elector of ALACHUA County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the United States and the Constitution of the State of Florida.
Candidate's Florida Voter Registration Number (located on your voter information card):
* 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):
Debra Lynn McElroy
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
I am a member of the Republical 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 Debugh Clark 352214-5229 debi. melvoy@gmail.com Signature of Candidate Telephone Number Email Address
Signature of Candidate Telephone Number Email Address  16628 W. Co. RD. 1491 ALACHUA, FLURIDA 32615  Address City State ZIP Code
STATE OF FLORIDA
COUNTY OF ALACHUA
Sworn to (or affirmed) and subscribed before me this $\frac{23}{2}$ day of $\frac{3}{2}$ day of
Personally Known: or
Produced Identification: FL DL Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  ANN B STONE
MY COMMISSION #FF047300 EXPIRES September 16, 2017  (407) 388-0153 Florida Notery Service com-

'16 JUN 24 AN 9:36

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) Committeeman | 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): \* 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); WINSTON 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. A (352) Signature of Candidate Telephone Number STATE OF FLORIDA county of Alachua Sworn to (or affirmed) and subscribed before me this 23rd day of 500 to Personally Known: Signature of Notary Public Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: LORAT. HOLT MY COMMISSION # FF 201777 **EXPIRES: May 4, 2019** Bonded Thru Notary Public Underwriters

'16 JUN 24 AN 9:40

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, Herbert Head  (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 56
(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 $\Box$ Committeeman $\Box$ Committeewoman Precinct Number $\underline{56}$
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 3 8 9 1 3 9
* 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):
H. Her bert Head
STATEMENT OF PARTY (Section 99.021, Florida Statutes)
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 H. Herbert Head (352) 332-6430 JBHHHHQ JUNO-com
Signature of Candidate Telephone Number Email Address
11125 SW 3rd Avenue Gainesville FL 32607- Address City State ZIP Code
STATE OF FLORIDA COUNTY OF Machica
Sworn to (or affirmed) and subscribed before me this day of, 20 / 4.
Personally Known: Yor (In 1) Stand
Produced Identification: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
· · · · · · · · · · · · · · · · · · ·
Type of Identification Produced:  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017  FloridaNotaryService.com

'16 JUN 24 AM 9:37

OATH OF CANDIDATE (Section 99.021, Florida Statutes)  I, Janet B, Head
(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 Alactua 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): 100389140
* 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):
Janet Head
I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.    X   Signature of Candidate   Candid
Sworn to (or affirmed) and subscribed before me this

'16 JUN 24 AN 9:39

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, (OCO) A DONOLO W.  (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 50,
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): 122848759
* 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):
Caroline Boudneaux
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the EPUBLICAN 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 Gualdan (40) 949-936 Complete Signature of Candidate Telephone Number Email Address  Telephone Number Email Address  City State ZIP Code
STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me this 3 day of JUNE, 20 16
Personally Known: or or
Produced Identification: FL DL Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017 (407) 398-0153 FloridaNotaryService.com

'16 JUN 24 AN 9:35

OATH OF CANDIDATE	
OATH OF CANDIDATE (Section 99.0)	
am a candidate for the office of Precinct, Committeeman Com	not be changed after the end of qualifying) mitteewoman Precinct Number 50,
I am a qualified elector of Alach Ua 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 qualified under the Constitution and the ed; and I will support the Constitution of the United
Candidate's Florida Voter Registration Number (located on your voter information	ion card): <u>10044892</u> 4
* Please print name phonetically on the line below as you wish it to be prond disabilities (see instructions on page 2 of this form):	ounced on the audio ballot for persons with
DE LE NA MA'	<u> </u>
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.    X	not been a registered member of any other political election for which I seek to qualify; and I have paid
SWORN to (or affirmed) and subscribed before me this 3 3 day of	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public  ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017  (407) 398-0153  Florida Notary Service com

'16 JUN 24 AM 9:37

OAT	H OF CANDIDATE (Se	ction 99.021, Florida Statutes)	
I. Alicia Hernandez			
(PLEASE PRINT NAME AS YOU WISH IT	TO APPEAR ON THE BALLOT * N	AME MAY NOT BE CHANGED A	FTER THE END OF QUALIFYING)
am a candidate for the office of Precind	ct Committeeman	✓ Committeewoman	Precinct Number,
I am a qualified elector of Alachua Laws of Florida to hold the office to whice States and the Constitution of the State of	ch I desire to be nominated	nty, Florida; I am qualifi or elected; and I will sup	ed under the Constitution and the oport the Constitution of the United
Candidate's Florida Voter Registration N	umber (located on your voter	information card): 11739	93475
* Please print name phonetically on the li disabilities (see instructions on page 2 of		oe pronounced on the au	idio ballot for persons with
uh-IEE-sh-uh her-NAN-des			
STAT	EMENT OF PARTY (Se	ection 99.021, Florida Statutes	)
I am a member of the Republican party for 365 days before the beginning of the assessment levied against me, if an which I am a member.	of qualifying preceding the	general election for which	
X Alicia Hernando	<u>2</u> (352)215-5189	alicia5189@y	vahoo.com
Signature of Candidate	Telephone Number		Email Address
1020 SW 11th Terrace	Gainesville	Florida	32601
Address	City	State	ZIP Code
STATE OF FLORIDA COUNTY OF HOCHUA			
Sworn to (or affirmed) and subscribed	before me this $\cancel{30}$	day of June	20 0.
Personally Known: or		Signature of Notai	Illev —
Produced Identification:	M. CAROLINA VALENO Commission # FF 2050	JIA K Barretta a come	np Commissioned Name of Notary Public
Type of Identification Produced:	Expires May 28, 2019 Bonded Thru Troy Fall Insurance 80	<b>.</b>	
			•

'16 JUN 24 AM 9:35

			OFFICE USE ONLY
OAT	TH OF CANDIDATE (Section	99.021, Florida Statutes)	
I, Mac McEachern	·		
(PLEASE PRINT NAME AS YOU WISH IT	TO APPEAR ON THE BALLOT * NAME I	MAY NOT BE CHANGED AF	TER THE END OF QUALIFYING)
am a candidate for the office of Precinc	ct Committeeman C	Committeewoman	Precinct Number 59,
I am a qualified elector of Alachua C Laws of Florida to hold the office to whic States and the Constitution of the State of	ch i desire to be nominated of e	Florida; I am qualific	ed under the Constitution and the port the Constitution of the United
Candidate's Florida Voter Registration N			
* Please print name phonetically on the lidisabilities (see instructions on page 2 of	ine below as you wish it to be pr f this form):	ronounced on the aud	dio ballot for persons with
mac mac each ern			
STAT	TEMENT OF PARTY (Section	n 99.021, Florida Statutes)	)
I am a member of the Republican party for 365 days before the beginning of the assessment levied against me, if an which I am a member.	of qualifying preceding the gene	eral election for which be by the executive c	pered member of any other political h I seek to qualify; and I have paid committee of the political party, of Dcox.net
Signature of Candidate	Telephone Number		Email Address
1020 SW 11th Terrace	Gainesville	Fi	32601
Address	City	State	ZIP Code
STATE OF FLORIDA COUNTY OF COUNTY			
Sworn to (or affirmed) and subscribed	l before me this <u>23</u> day o	of June	, 20 / b.
Personally Known:or		- Gn	15 Sten
Produced Identification:		Signature of Notary Print, Type, or Stamp	y Public  p Commissioned Name of Notary Public
Type of Identification Produced:			ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017

FloridaNotaryService.com

'16 JUN 24 AM 9:39

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, HERBERT L. COOKC.  (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 60,
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): 160415123
* 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):
HERBERT L. Cooke
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Rev 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 Wall Cook (Sui Destream of Email Address)  Signature of Candidate  Telephone Number  Email Address  ZIP Code
Sworn to (or affirmed) and subscribed before me this

'16 JUN 24 AM 9:39

			OFFICE OSE ONET
	OATH OF CANDIDATE (S	Section 99.021, Florida Statutes	)
	L. Gestrin		
(PLEASE PRINT NAME AS	S YOU WISH IT TO APPEAR ON THE BALLOT *		
am a candidate for the office	e of Precinct X Committeeman		
I am a qualified elector of _ Laws of Florida to hold the of States and the Constitution of	unce to much i desire to be nottililated	unty, Florida; I am qualif d or elected; and I will su	fied under the Constitution and the pport the Constitution of the United
	gistration Number (located on your vote		
* Please print name phonetical disabilities (see instructions of	ally on the line below as you wish it to on page 2 of this form):	be pronounced on the au	udio ballot for persons with
	Denis Gest	trin	
party for 365 days before the the assessment levied agains which I am a member.	beginning of qualifying preceding the st me, if any, as a candidate for said  (352) 262	y; I have not been a regist e general election for whic d office by the executive	stered member of any other political children is to gualify; and I have paid
Signature of Car	ndidate Telephone Number		Email Address
P.O. Box 594	Hish Strings	F-L State	32655
Address	City	State	ZIP Code
STATE OF FLORIDA  COUNTY OF  Sworn to (or affirmed) and s  Personally Known: or  Produced Identification:  Type of Identification Produced:	subscribed before me this $33$	Signature of Notar	N Siano
		(407) 398-01	53 FloridaNotaryService.com

'16 JUN 21 AN 10:36

OFFICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, KODENICK F. GONZGLEZ  (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 $\underline{\qquad}$ 6 $\underline{\bigcirc}$ ,
I am a qualified elector of Alaca 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): ノノ らっしゅ チャン ー
* 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):
Roderick F. Gonzglez
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the
STATE OF FLORIDA  COUNTY OF
Personally Known: or
Produced Identification: Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:
SHARON K. SALLEY  MY COMMISSION # FF 082305  EXPIRES: February 3, 2018  Bonded Thru Notary Public Underwriters

'16 JUN 24 AM 9:37

	OFFICE USE ONLY
OATH OF CANDIDA	TE (Section 99.021, Florida Statutes)
I, BARBARA YOUNG ME (PLEASE PRINT NAME AS YOU 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 Precinct Committee	man 🔀 Committeewoman Precinct Number <u>60</u> ,
I am a qualified elector of <u>ALACHUA</u> 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 yo	ur voter information card):
* 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
BARBARA YOUNG	- MARTIN
party for 365 days before the beginning of qualifying preceding the assessment levied against me, if any, as a candidate function of the assessment levied against me, if any, as a candidate function of the control of	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 which is a said office by the executive committee of the political party, of the political party of the political party, of the political party of the politic
STATE OF FLORIDA COUNTY OFACHUA 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  ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017  [407] 398-0153  Floridal Notary Stands

'16 JUN 24 AN 9:36

OATH OF CANDIDATE (Section 99.021, Florida Statutes)
I, Mildred Russell (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 <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):
* 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):
Mil dred Russell
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Fruglic Av 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 Muddle Russell (352) 745-7646 Myrrh 4606 gmail. Com Signature of Candidate Telephone Number Email Address  Telephone Number Email Address  City State ZIP Code
STATE OF FLORIDA  COUNTY OF  Sworn to (or affirmed) and subscribed before me this 23 day of  Personally Known:  Or  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public  Type of Identification Produced:  ANN B STONE  MY COMMISSION #FF047300  EXPIRES September 16, 2017

'16 JUN 24 AM 9:37

OATH OF CANDIDATE (Section 99.021, Florida Statutes)				
I, Kathleen Duggan Benton (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	ch I desire to be nominated or ele	Florida; I am quali ected; and I will su	fied under the Constitution and the upport the Constitution of the United	
Candidate's Florida Voter Registration N	Number (located on your voter inforn	nation card): 10	0416266	
* 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):    COLICE KATHLEEN BENTON				
I am a member of the Republic of party for 365 days before the beginning the assessment levied against me, if a which I am a member.  X Katuleuwagan Ber Signature of Candidate	Telephone Number	ve not been a regiseral election for white by the executive	stered member of any other political ch I seek to qualify; and I have paid committee of the political party, of b. Kathyeamail. Com Email Address	
3641 NW 23 Pl. Address	City City	State	32605 ZIP Code	
STATE OF FLORIDA COUNTY OF Sankua			(	
Sworn to (or affirmed) and subscribed before me this $\frac{20}{100}$ day of $\frac{100}{100}$ day of $\frac{100}{100}$				
Personally Known: or		An	un B Stone	
Produced Identification:		Signature of Not Print, Type, or Sta	ary Public amp Commissioned Name of Notary Public	
Type of Identification Produced:	·	(407) 398-018	ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017  FloridoNotaryService.com	

'16 JUN 24 AM 9:39

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) 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) Kepublician 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. Eman Address Signature of Candidate Telephone Number STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me this -Personally Known: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Produced Identification: \_ Type of Identification Produced: ANN B STONE MY COMMISSION #FF047300 EXPIRES September 16, 2017

FloridaNotaryService.com

(407) 398-0153

'16 JUN 24 AM 9:36

OFFICE USE ONLY OATH OF CANDIDATE (Section 99.021, Florida Statutes) NHY E KMSELETT 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): 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): HENRY E KISSELL III 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 ignature of Candidate

Telephone Number

Telephone Number Signature of Candidate STATE OF FLORIDA ALACHUA COUNTY OF Sworn to (or affirmed) and subscribed before me this 25 day of 000Personally Known: Signature of Notary Public Produced Identification: \_\_\_ Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:

ANN B STONE
MY COMMISSION #FF047300
EXPIRES September 16, 2017
FloridaNotaryService.com

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# CANDIDATE OATH PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

OT TOE OUE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes)  1, Robert Woody
(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>62</u> ,
I am a qualified elector of
Candidate's Florida Voter Registration Number (located on your voter information card): 100307848
* 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.  X  (372) 328-9472
STATE OF FLORIDA COUNTY OF Alacha
Sworn to (or affirmed) and subscribed before me this 24 day of June , 20 16.
Personally Known: or
Produced Identification: V FL DL  Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:  KATHY V SIEGLE
Florida Drivers License  Notary Public - State of Florida My Comm. Expires Jun 29, 2017 Commission # FF 023249

'16 JUN 24 AM 9:36

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 <u>63</u> ,
I am a qualified elector ofCounty, 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 424236
* 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):
TANNA Roper
STATEMENT OF PARTY (Section 99.021, Florida Statutes)  I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.  X Signature of Candidate Telephone Number Email Address  Address City State ZIP Code
STATE OF FLORIDA COUNTY OF