

LOYALTY OATH CANDIDATES WITH PARTY AFFILIATION <small>(Sections 876.05-876.10, Florida Statutes)</small>	OFFICE USE ONLY
STATE OF FLORIDA <u>Bay</u> COUNTY	JUN 18 2008 PM 3:18

I,

<u>Sharon</u> <small>First Name</small>	<u>J</u> <small>Middle Name/Initial</small>	<u>Sheffield</u> <small>Last Name</small>
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a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

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

am a candidate for the office of County Commission, 1,
(office) (district) (circuit)

 I am a qualified elector of Bay County, Florida. I am qualified
(group)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

STATEMENT OF PARTY
(Section 99.021, Florida Statutes)

I am a member of the Democratic party. I am not a registered member of any other political party and have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify. 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 Sharon J. Sheffield ⁽⁸⁵⁰⁾ 265-3861 sheffield.5034@
Signature of Candidate Daytime Telephone Number Email Address
bensouth.net

1508 Wisconsin Ave. Lyon Haven FL 32444
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 18th day of June, 2008.

Personally Known: X or _____

Produced Identification: _____

Type of Identification Produced: _____

Cynthia R. Messer
 Signature of Notary Public -- State of Florida
 Print, Type or Stamp Commissioned Name of Notary Public

