

<p align="center">LOYALTY OATH CANDIDATES WITH PARTY AFFILIATION <small>(Sections 876.05-876.10, Florida Statutes)</small></p> <p>STATE OF FLORIDA <u>BAY</u> COUNTY</p>	<p align="center">OFFICE USE ONLY</p> <p align="right">JUN 16 2008 PM 2:19</p>
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I, WILLIAM F. MCKEITHEN
First Name Middle Name/Initial Last Name

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

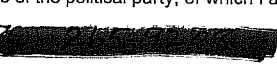
am a candidate for the office of SHERIFF, N/A, N/A
(office) (district) (circuit)

N/A I am a qualified elector of BAY County, Florida. I am qualified
(group)

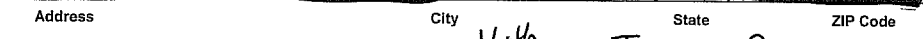
under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which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

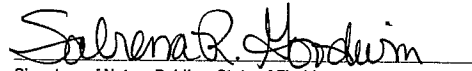
X Frank McKeithen 

Signature of Candidate	Telephone Number	Email Address
		

Address	City	State	ZIP Code
			

Sworn to (or affirmed) and subscribed before me this 16th day of June, 2008.

Personally Known: or _____
Produced Identification: _____
Type of Identification Produced: _____


Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public

