

CANDIDATE QUALIFYING PETITION FOR _____

Pursuant to the _____ charter and election ordinance and the Election Code of the State of Florida (Chap 97-106 F.S.), we nominate _____ as a candidate for the office of _____.

This election is to be held _____. We, the undersigned, are qualified electors of the City/Town of _____, County of Okaloosa and State of Florida.

| NUMBER | DATE | NAME (Please print legibly) | OKALOOSA COUNTY RESIDENCE ADDRESS |
|--------|------|--------------------------------|-----------------------------------|
| 1. | | Print: | |
| | | Signature: | |
| 2. | | Print: | |
| | | Signature: | |
| 3. | | Print: | |
| | | Signature: | |
| 4. | | Print: | |
| | | Signature: | |
| 5. | | Print: | |
| | | Signature: | |
| 6. | | Print: | |
| | | Signature: | |
| 7. | | Print: | |
| | | Signature: | |
| 8. | | Print: | |
| | | Signature: | |

I do solemnly swear that I witnessed each person sign the above petition on the date indicated.

_____ Signature of Circulator