

<p>LOYALTY OATH CANDIDATES WITH NO PARTY AFFILIATION <small>(Sections 876.05-876.10, Florida Statutes)</small></p> <p>STATE OF FLORIDA <u>Pasco</u>, COUNTY</p>	<p>OFFICE USE ONLY</p> <p>RECEIVED <i>pa</i> FEB 15 2008</p>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">I, <u>Michael</u></td> <td style="width: 33%; padding: 5px;"><u>A.</u></td> <td style="width: 33%; padding: 5px;"><u>Agnello</u></td> </tr> <tr> <td style="text-align: center; font-size: small;">First Name</td> <td style="text-align: center; font-size: small;">Middle Name/Initial</td> <td style="text-align: center; font-size: small;">Last Name</td> </tr> </table>		I, <u>Michael</u>	<u>A.</u>	<u>Agnello</u>	First Name	Middle Name/Initial	Last Name
I, <u>Michael</u>	<u>A.</u>	<u>Agnello</u>					
First Name	Middle Name/Initial	Last Name					
<p>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.</p>							

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Mike Agnello
(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 Dade City Commission, _____, _____,
(office) (district) (circuit)
5 . I am a qualified elector of _____ 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.

X Michael Agnello (352) 206-0757 mike4commissiongroup5@gmail.com

Signature of Candidate	Daytime Telephone Number	Email Address
<u>13941 7th St</u>	<u>Dade City, FL</u>	<u>33525</u>
Address	City	State ZIP Code

Sworn to (or affirmed) and subscribed before me this 15 day of Feb, 2008.

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

Delores M. Kiefer
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public

