CITY OF TAMPA

NOMINATING PETITION APPLICATION

I,		, reside at
		, in the
City of Tampa, County	of Hillsborough and State	of Florida; I am a resident and elector
of the City of Tampa. I	wish to be a candidate in t	he City of Tampa Election to be held on
March 5, 2019 for the of	ffice of	; I am qualified
under the constitution	and laws of Florida and o	rdinances of the City of Tampa to hold
the office of		; I will have been a resident
of the City of Tampa for	one year immediately pre	eceding the commencement of the term
of office; and, if a cand	lidate for the Tampa City	Council, a resident of the Tampa City
Council District f	or at least six months imm	nediately preceding the commencement
of the term of office; I w	rish to have my name place	ed upon the ballot by filing a nominating
petition.		
		Signature of Candidate
		Signature of Canadate
STATE OF FLORIDA		
County of Hillsborough		ann a ana d
	gned authority, personally v	
that all of the statement correct.	s contained in the foregoing	who after being duly sworn by me, says ng candidate's application are true and
Sworn to and subscribe	d before me this	
day of	20	(SEAL)
uay 01	20	
Notary Public, State of	Florida at Large	