



# OATH OF WITHDRAWAL

Date: \_\_\_\_\_

I, \_\_\_\_\_, have filed as a candidate for the office of \_\_\_\_\_.

I wish to withdraw my name as a candidate for this office and I will not accept the office for which I filed qualification papers.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Address

\_\_\_\_\_  
City,

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Officer Administering the Oath or Notary Public

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

Personally Known or  Produced Identification

Type of Identification Produced

\_\_\_\_\_

## Candidate Withdrawal Policy

The deadline for any candidate to withdraw is the end of qualifying. No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the end of their qualifying period.

(Reference: Florida Statutes 99.092)