



Tammy Rowe, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

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December 7, 2016

Inez Williams
Department of State
Division of Elections
Bureau of Election Records
500 South Bronough Street, Room 316
Tallahassee, FL 34399

Dear Ms. Williams:

RE: Oaths of Office for Brevard County Commissioners

Enclosed are the original notarized Oaths of Office for the County Commissioners of Brevard County, Florida, who were administered the Oaths by Judge John D. Galluzzo at the Organizational Meeting of the Board of County Commissioners on November 22, 2016.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
SCOTT ELLIS, CLERK

Tammy Rowe, Deputy Clerk

Encls. (3)

cc: Commissioner Pritchett
Commissioner Tobia
Commissioner Isnardi

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Brevard

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Brevard County Commissioner District 1
(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature

Sworn to and subscribed before me this 22 day of November, 2015

Signature of Officer Administering Oath or of Notary Public

John D. Galluzzo 1st Circuit Judge
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

3456 Tackett Drive

Street or Post Office Box

Titusville FL 32796

City, State, Zip Code

Rita Pritchett

Print name as you desire commission issued

Rita Pritchett

Signature

PLEASE SIGN HERE

Rita Pritchett

Rita Pritchett

Rita Pritchett

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Brevard

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Brevard County Commissioner District 5
(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature

Sworn to and subscribed before me this 22nd day of November, 2016

Signature of Officer Administering Oath or of Notary Public

John D. Galluzzo 18th Circuit Judge
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

562 OLIVIA ST SW
Street or Post Office Box

PAUM BAY, FL 32909
City, State, Zip Code

Kristine Isnardi
Print name as you desire commission issued

Signature

PLEASE SIGN HERE

Kush Bhandari

Kush Bhandari

Kush Bhandari

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Brevard

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Brevard County Commissioner District 3
(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature

Sworn to and subscribed before me this 22nd day of November, 2016.

Signature of Officer Administering Oath or of Notary Public

John P. Galluzzo 18th Circuit Judge
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

890 VICINOVAZ AVE NE #5
Street or Post Office Box

Fort Payne AL 32905
City, State, Zip Code

John Tobia
Print name as you desire commission issued

[Signature]
Signature

PLEASE SIGN HERE

10/20/21

10/20/21

10/20/21
