CANDIDATE OATH -	i i
NONPARTISAN OFFICE	
(Do not use this form if a Judicial or School Board Candidate)	
Check box only if you are seeking to qualify as a write-in candidate:	
Write-in candidate	2022 JUN 14 PH03:29 OFFICE USE ONLY
Candidate Oath	
(Section 99.021(1)(a), Florida Statutes)	
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purpose's.)	
am a candidate for the nonpartisan office of <u><u><u></u><u><u></u><u><u></u><u><u></u><u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u></u></u></u></u>	Soil + Water Conservation, # 1 (Office) (District #)
(<i>Circuit #</i>), (<i>Group or Seat #</i>); I am a qualified elector of	Alachuq County, Florida;
I am qualified 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.	
Candidate's Florida Voter Registration Number (located on your voter information card):	
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.] 	
X Junie Un 352 2 Signature of Candidate Telephone Number	14-7502 JV CUM Puign & Gahow. Com Email Address
U5350 SW 62ng Ave, Gamesville, FC 32608	
Address City	State ZIP Code
STATE OF FLORIDA	Unitoner >-
COUNTY OF <u>alachua</u> COUNTY OF <u>alachua</u> Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:	
Sworn to (or affirmed) and subscribed before me by means of	
online notarization OR physical presence V this H day of Aure, 20,2,7 Denote the formation of the formatio	
Personally Known M OR Produced Identification	
Type of facilitioadon i foadood.	-

DS-DE 302NP (Rev. 05/2021)