

**CANDIDATE OATH -
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

2018 JUN 18 PM 12: 24

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Barbara Sharief

(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 purposes.)

I am a candidate for the office of County Commission, 8, ,
(Office) (District #) (Circuit #)

; I am a qualified elector of Broward County County, Florida; I am qualified
(Group or Seat #)
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.

Statement of Party

(Section 99.021(1)(b), Florida Statutes)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the Democratic Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 101870936

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.]

Bahr-bruh Shuh-reef

X [Signature] 954 967-1900 BSHARIEF@SOUTHFLORIDAPEDIATRICS.COM
Signature of Candidate Telephone Number Email Address

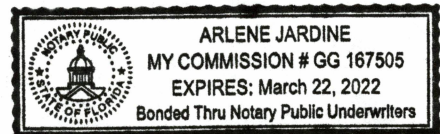
2452 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF BROWARD

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 11
day of JUNE, 2018.

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



2018 JUN 11 PM 1:58

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

EXPIRES 03/31/2020
BROWARD COUNTY SUPERVISOR OF ELECTIONS
OFFICE OF THE CLERK