CANDIDATE OATH -				
JUDICIAL OFFICE				
Check box only if you are seeking to write-in candidate:	qualify as a			
Write-in candidate			SUPI	
	Canalid	lata Oath		FICE USE ONLY
Candidate Oath (Section 105.031, Florida Statutes)				
I, Jennifer Wigand Hilal			THE CO.	2
(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.)				
am a candidate for the judicial office of County Court Judge			<u> </u>	, <u>17th</u> ,
		(Office)	(District #)	(Circuit #)
30 ; my legal residence is Broward	d	C	ounty, Florida; I am a	qualified elector
(Group #)				
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 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. Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.				
Candidate's Florida Voter Registration Number (located on your voter information card): 102158368				
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.] Jenn-i-fur Wig-and Hill-all				
X (95	4) 831-3381	keepjudg	ehilal@gmail.com	1
Signature of Candidate Tele	phone Number		Email Address	
100 N. Pine Island Rd. #270 Pla	antation	Florida		324
Address City		State	ZIP	Code
STATE OF FLORIDA		Signature of Notary Public		
COUNTY OF Broward Print, Type, or Stamp Commissioned Name of Notary Public below:				
Sworn to (or affirmed) and subscribed before day of, 20 Personally Known: or Produced Identification: Type of Identification Produced:	TE OF FLORIT	JOANN GALLO MY COMMISSION # FF 142985 EXPIRES: August 26, 2018 Bonded Thru Budget Notary Services		

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