

**CANDIDATE OATH –  
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

2018 JUN 18 PM 1:30  
BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

**Candidate Oath**

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

I, ROBERT F. GOGGIN II

(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 nonpartisan office of SOUTH BROWARD DRAINAGE DIST, 7  
(Office) (District #)

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

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): 101353542

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~~ [Signature] (954) 401-2908 SMOGRUGBOG@AOL.COM  
Signature of Candidate Telephone Number Email Address  
7760 NW 10TH COURT PENNAKKE PINES FLORIDA 33024  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Broward

Reina Muniz  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 4th  
day of June, 2018.  
Personally Known:  or Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_



CANDIDATE STATE

COMPARISON

Check box only if you are a candidate for the office listed below.

Write in candidate

Candidate's Name

Print name in full

I hereby certify that I am a qualified elector of the State of Florida, and I am qualified to hold the office of \_\_\_\_\_ in the County of \_\_\_\_\_.

I have filed this statement of candidacy with the Supervisor of Elections, \_\_\_\_\_, in the County of \_\_\_\_\_, Florida.

My term of office will begin on \_\_\_\_\_, 2018, and will end on \_\_\_\_\_, 2020.

I understand that I have assigned the responsibility of my campaign to \_\_\_\_\_, who is a qualified elector of the State of Florida, and I will support the Constitution and the laws of the State of Florida.

Signature of Candidate

Print name of Candidate

Signature of Supervisor of Elections

Print name of Supervisor of Elections

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS  
2018 JUN -4 PM 4:28