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 20 AM 8: 41

BROWARD COUNTY SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

(Cartier 00 001/(1)(c) Florido Chatana)	
(Section 99.021(1)(a), Florida Statutes)	
1, RONALD P GALLUCCI	
	If your last name consists of two or more names but has no
hyphen, check box . (See page 2 - Compound Last N	ames). No change can be made after the end of qualifying.
Although a write-in candidate's name is not printed on the b	allot, the name must be printed above for oath purposes.)
am a candidate for the nonpartisan office of SUPEAULCI	UR C.D.D CORALBAY
am a candidate for the nonpartisan office of SYPERUISO	(Office) (District #)
3	110111111
(Circuit #) (Group or Seat #) ; 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 re-	quired to resign pursuant to Section 99.012. Florida Statutes:
and I will support the Constitution of the United States and the Constit	
and I will support the constitution of the officer states and the c	sonstitution of the state of Florida.
	1015200011
Candidate's Florida Voter Registration Number (located on you	ur voter information card): 101331874
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.]	
XMIN P. Sallucai (954) 971-446	68 RGALLY 512910 BELL SOUTH NET Email Address
Signature of Candidate Telephone Number	Email Address
6592 BAYFRONT DR. MARGATE Address City	
0012 47/10/1 DIG TIME ATE	3300
Address City	// N State 71P Code
	Stàte ZIP Code
Address City STATE OF FLORIDA	
	Signature of Notary Public Print, Type, of Stamp Commissioned Name of Notary Public below:
STATE OF FLORIDA COUNTY OF Brown	Signature of Notary Public Print, Type, Stamp Commissioned Name of Notary Public below:
SWORN to (or affirmed) and subscribed before me this 19th	Signature of Notary Public Print, Type, Stamp Commissioned Name of Notary Public below: CARLOS ROSAS Notary Public, State of Florida
STATE OF FLORIDA COUNTY OF Brown	Signature of Notary Public Print, Type, Stamp Commissioned Name of Notary Public below: CARLOS ROSAS Notary Public, State of Florida Commission# GG 172491
Sworn to (or affirmed) and subscribed before me this 19th	Signature of Notary Public Print, Type, Stamp Commissioned Name of Notary Public below: CARLOS ROSAS Notary Public. State of Florida