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 PM 2: 43

BROWARD COUNTY SUPERVISOR OF ELECTIONS

	SUPERVISOR OF ELECTIONS 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 purposes.) am a candidate for the nonpartisan office of	
•	o hold the office to which I desire to be nominated or elected; I
	f which office or any part thereof runs concurrent with the office
,	equired 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 year	our voter information card): 11023670 3
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.]	
Signature of Candidate Telephone Number	6-0444 Celvicto 4 Pines Og.
	RM P FL 33025 State ZIP Code
STATE OF FLORIDA	Single of National Publisher
COUNTY OF Breivard	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me this add day of, 20, 20	MARY COONEY Commission # FF 188810 Expires May 3, 2019 Bonded Thru Troy Fain Insurance 800-385-7019
Personally Known: or Produced Identification:	
Type of Identification Produced:	3-69164-0