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 22 AM 8: 57

BROWARD COUNTY SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath
I, (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
am a candidate for the nonpartisan office of AFFIN (AFES COMMITTED) (Office) (District #)
(Circuit #) , (Group or Seat #) ; I am a qualified elector of RESURE County, Florida;
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): <u>ノンえ 384 798</u>
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 Leresalles 1954 963-6717 teribelle pretzersone
Signature of Candidate Telephone Number Email Address
3315 MARINER (T FT (Audomale) FT a 33312
Address City State ZIP Code
STATE OF FLORIDA Signature of Notary Public
Print, Type, or Stamp Commission of Notary Public below: Commission # FF 188810 Expires May 3, 2019
Sworn to (or affirmed) and subscribed before me this Bonded Thru Troy Fain Insurance 800-385-7019
day of, 20_18
Personally Known: or Produced Identification:
Type of Identification Produced: 1 DL 4250-802-50-802-0