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 10: 00

BROWARD COUNTY 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 Broward | * |
| (Circuit #) , (Group or Seat #) ; I am a qualified elector of | Broward 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): 115 751 613 | |
| 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 (954) 857-54 Signature of Candidate Telephone Number | 41 Nancymetayer & a genal com Email Address |
| 9833 NW 54th Place was Springs City | State ZIP Code |
| STATE OF FLORIDA | A CO III COX |
| 1 | Signature of Notary Public |
| Sworn to (praffirmed) and subscribed before me this 23 and | Signature of Notary Public Print, Type, or Stamp Commission A Notary Public below: Commission # FF 188810 Expires May 3, 2019 Bonded Thru Troy Fain Insurance 800-385-7019 |
| Sworn to (or affirmed) and subscribed before me this day of, 20 | Print, Type, or Stamp Commission Alerne Motary Public below: Commission # FF 188810 Expires May 3, 2019 |
| Sworn to (or affirmed) and subscribed before me this | Print, Type, or Stamp Commission Alerne Motary Public below: Commission # FF 188810 Expires May 3, 2019 |