CANDIDATE OATH SCHOOL BOARD OFFICE

Check box *only* if you are seeking to qualify as a write-in candidate:



as a write-in candidate:	AUS CTY ELE		
Write-in candidate	OFFICE USE ONLY		
Candidate Oath			
Name to appear on ballot: Victoria L. Smith			
Check box if two last names without hyphen. (Name cannot be changed after qualifying.)			
Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)			
I swear or affirm that I am a candidate for the office of	about Board		
I swear or artirm that I am a candidate for the office of	(Office) (District #)		
other public office in the state, the term of which office or	County, Florida; I am a qualified elector under o which I desire to be nominated or elected; I have qualified for no any part thereof runs concurrent with the office I seek; and I have pursuant to Section 99.012, Florida Statutes; and I will support the state of Florida.		
Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.			
Statement of Outstanding Fines, Fees, or Penalties			
I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).			
YES, I Do	NO, I Do Not		
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.			
X Signature of Candidate Telephone Numb 7225 W. Rverbend Rd Address of Legal Residence	2-1397 VJOSEPHOCEAQAMAIL Dunnellon FL 34433 State ZIP Code		
STATE OF FLORIDA	(A TO MA		
COUNTY OF CITRUS	Signature of Notary Public		
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of Notary Public below:		
online notarization \(\sum \) OR physical presence \(\sum \) this \(\sum 23^{\chi} \) day of \(\sum \) OR Produced Identification \(\sum \) Type of Identification Produced: \(\sum \) \(\sum \)	BARBARA L MURTAGH Notary Public-State of Florida Commission # HH 113540 My Commission Expires April 05, 2025		
DS-DE 304SB (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.		

	Phonetic Spe	lling of Name
wish it to be pronounced on the aud		ourposes): Print the name phonetically on the line below as you sons with disabilities (see instructions on page 3 of this form):
Stat	tement of Outstanding	Fines, Fees or Penalties
candidate, shall, at the time of subs or penalties that cumulatively excee	cribing to the oath or affirmation, d \$250 for any violations of s. 8,	a party candidate, a candidate with no party affiliation, or a write-in state in writing whether he or she owes any outstanding fines, fees, Art. II of the State Constitution, the Code of Ethics for Public Officers not governing standards of conduct and disclosure requirements, or
Amount		Entity 6
·		
A CONTRACTOR OF THE CONTRACTOR		
Affidavit	of Nickname (Only requ	uired if using nickname for the ballot.)
My legal name isaffidavit are true and correct.		. I am over the age of eighteen (18) and the contents of this
My nickname is	ed the nickname to mislead vote	. I am generally known by this nickname or have used it as part rs. My nickname does not imply I am some other person, constitute or that is obscene or profane.
Signature of Candidate		
STATE OF FLORIDA		
COUNTY OF		
Sworn to (or affirmed) and subscrib		Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
of online notarization OR	<u> </u>	
this day of	, 20	

DS-DE 304SB (Eff. 10/2023)

Personally Known OR Produced Identification

Type of Identification Produced:

Rule 1S-2.0001, F.A.C.