CANDIDATE OATH SCHOOL BOARD OFFICE

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



Write-in candidate	OFFICE USE ONLY
Candidate Oath	
Check box if two last names without hy	phen. (Name cannot be changed after qualifying.)
Check box if name includes nickname. (For use of a nic	ckname, you must complete the Nickname Affidavit on reverse side.)
I swear or affirm that I am a candidate for the office of	
I am a qualified elector ofCounty, Florida; I am a qualified elector 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.	
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 Outstandi	ng 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.	
If you do, you must also specify the amount owed and each er	ntity that levied the same on the reverse side.
Signature of Candidate Telephone Number Address of Legal Residence City	er Email Address / Niver St. 34429 State ZIP Obde
STATE OF FLORIDA	A , A 1.
COUNTY OF CITY US	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by means of	Pfint, Type, or Stamp Commissioned traine or Notary Fubilic Delow.
online notarization \(\begin{aligned} \text{OR} & \text{physical presence} \(\begin{aligned} \text{DR} & \text{physical presence} \(\begin{aligned} \text{DR} & \text{polysical presence} \(\begin{aligned} \text{DR} & \text{produced Identification} \end{aligned} \) Type of Identification Produced:	SANDRA J HIAR Notary Public, State Of Florida Commission No. HH 412990 My Commission Expires. 6/20/2027
DS-DE 304SB (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.