## 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:

Recod 2022JUN14PH02:37

| write-in candidate:   |   |
|---|---|
| Write-in candidate  | OFFICE USE ONLY   |
| Candidate Oath  |   |
| (Section 99.021(1)(a), Florida Statutes)  |   |
| 1, Trovis Christensen   |   |
| (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 Clay County Soil and Water Conservation () (Nit), (District #)   |   |
| Z Lam a qualified elector of  | County, Florida;  |
| (Circuit #), (Group or Seat #); I am a qualified elector of   | 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): 102 880035  |   |
| 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 Signature of Candidate  Signature of Candidate  1871 Aff: I med C+ Green Cores  Address  City   | Email Address   |
| Address City ,  | State ZIP Code  |
| STATE OF FLORIDA  | Signature of Notary Public                                      |
| COUNTY OF   | Print, Type, or Stamp Commissioned Name of Notary Public below: |
| Sworn to (or affirmed) and subscribed before me by means of online notarization \( \begin{align*} OR \\ \end{align*} physical presence \( \begin{align*} this \( \begin{align*} \begin{align*} \delta \\ \delta \end{align*} \), 20 \( \delta \delta \end{align*}. \)  Personally Known \( \begin{align*} OR \\ \end{align*} \) Produced Identification \( \begin{align*} \delta \\ \delta \end{align*}. \] | KEMIE MAHAN MY COMMISSION # GG349529 EXPIRES: June 27, 2023     |
| Type of Identification Produced: FL Driver License  | _   |