## 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:

Record 2022JUN13PM02:56

Write-in candidate	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 $\frac{\textit{LAmSBD}}{\textit{(Office)}}$ , $\frac{\textit{(District \#)}}{}$	
(Circuit #) (Group or Seat #)	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): 1028 01349	
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 Diane Pudevant (904 28 Signature of Candidate Telephone Numbe  548 Lake Asbury Dr., Green  Address City	Sailor ALP e apl com Email Address  on Cove Springs, FL 32043  State  ZIP Code
STATE OF FLORIDA  COUNTY OF	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 online notarization \( \begin{align*} OR \\ \text{physical presence} \end{align*} \\ \text{this } \( \begin{align*} \leq 3 \\ \text{day of } \end{align*} \\ \text{Personally Known} \( \begin{align*} OR \\ \text{Produced Identification} \end{align*} \\ \text{Type of Identification Produced: } \( \begin{align*} \leq 2 \\ \leq 2 \\ \end{align*} \)	KEMIE MAHAN MY COMMISSION # GG349529 EXPIRES: June 27, 2023