## 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 2024.IUN11AM09:56 Write-in candidate OFFICE USE ONLY Candidate Oath Name to appear on ballot: Matthew T. Biagetti 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 nonpartisan office of PineRidge Plantation < DC (Office) (Office) (Circuit #) (Group or Seat #) County, 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. 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.). NO, I Do Not 🗸 YES, I Do If you do, you must also specify the amount owed and each entity that levied the same on the reverse side. (724) 986-2789 Telephone Number Address of Legal Residence STATE OF FLORIDA clay 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 physical presence OR KAYLA S. O'NEAL this II day of June MY COMMISSION # HH375271 EXPIRES: April 16, 2027 Personally Known OR Produced Identification

DS-DE 302NP (Eff. 10/2023)

Type of Identification Produced: FL SNVIR'S LICENSE

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