## CANDIDATE OA...

## SCHOOL BOARD NONPARTISAN OFFICE

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

Write-in candidate

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	STEWAST STATES AND	OFFICE USE ONLY
(Section 99.021(1)(a) and 10 (Print name above as you wish it to appear on the ballot.	05.031, Florida Statutes)	namos but has no
hyphen, check box [ ] (see page 2 - Compound Last N Although a write-in candidate's name is not printed on the l	ames). No change can be made after th	e end of qualifying.
am a candidate for the nonpartisan office of	MAN BOARD (Office)	,
(Circuit #) (Group or Seat #); I am a qualified elector or	there are and a	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.		
Section 876.05, Florida Statutes, oath (only applicable if ele Florida and of the United States of America, and being empublic funds as such employee or officer, do hereby solemnly States and of the State of Florida.	loyed by or an officer of the school boar	rd and a recipient of
Candidate's Florida Voter Registration Number (located on yo	our voter information card): $12236c$	2959
<b>Phonetic spelling for audio ballot</b> : 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.]		
Signature of Candidate  White State of Candidate  Telephone Number	-1910 harthray a	Yahro-Com
5046 Floranting Ct. Spring Hill Address City	// FL State	ZIP Code
STATE OF FLORIDA	helarevaba	
COUNTY OF Harnardo	Signature of Notary Public Print, Type, or Stamp Commissioned Name of N	otary Public below:
Sworn to (or affirmed) and subscribed before me by means of online notarization \( \begin{align*} OR \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	REBA P. WABLE Notary Public - State of Florida Commission # GG 299571 My Comm. Expires Feb 7, 2023 Bonded through National Notary Assn.	
Type of Identification Produced: R O	A STATE OF THE PARTY OF THE PAR	