## **CANDIDATE OATH SCHOOL BOARD OFFICE**

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

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HEAMANDO GOUNTY - FL OFFICE USE ONLY

On which to Only						
Candidate Oath						
Name to appear on ballot: Michelle Boncz	zek					
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	e, you must complete the N	ickname Affidavit on reverse side.)			
			<i>y</i>			
I swear or affirm that I am a candidate for the c	ffice of Hernando Cou	unty School Board	, 4; (District #)			
I am a qualified elector of Hernando  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.						
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 Outstanding F	ines, Fees, or Pe	nalties			
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 X						
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.						
- you do, you muct also speek, the amount						
maken. Bod	(352) 587-1708		mbonczek2023@gmail.com			
Signature of Candidate	Telephone Number		Email Address			
36. 950-76-950-76-76-76-76-76-76-76-76-76-76-76-76-76-	ng Hill	FI	34609 ZIP Code			
STATE OF FLORIDA COUNTY OF Hermando	City	Signature of Notary I	maccióp Public			
Sworn to (or affirmed) and subscribed before monline notarization OR physical this day of	presence, 2021.	Cany Ca Comm.: H Express Fee				
Personally Known OR Produced Ide  Type of Identification Produced:	ntification 🔲	Motora and	Exercise Department of the Control o			
DS-DE 304SB (Eff. 10/2023)			Rule 1S-2.0001, F.A.C.			

Phonetic Spelling of Name						
Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):						
Mi Shel Bon zek 2024 JUN 10 PM 12: 04						
Statement of Outstanding Fines, Fees or Penalties ELECTIONS						
candidate, shall, at the time of subscribing or penalties that cumulatively exceed \$25	each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in g to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, 0 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers 12, any local ethics ordinance governing standards of conduct and disclosure requirements, or					
Amount	Entity					
Affidavit of I	Nickname (Only required if using nickname for the ballot.)					
My legal name is Michelle Bonczek affidavit are true and correct.	. I am over the age of eighteen (18) and the contents of this					
My nickname is I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.						
Signature of Candidate Hell	en Bouff					
STATE OF FLORIDA						
COUNTY OF THE VICENCE  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public below						
Sworn to (or affirmed) and subscribed be	fore me by means					
of online notarization OR physical presence						
this day of, 20  Personally Known OR Produced Identification						
Type of Identification Produced:						
DS-DE 304SB (Eff. 10/2023) Rule 1S-2.0001, F.A.0						