CANDIDATE OATH - SCHOOL BOARD NONPARTISAN OFFICE

RECEIVED
2016 JUN 17 PM 4 14
MANATEE COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, XTAVIA BAILEY

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of MANATEE COUNTY SCHOOL BOARD (office), 1 (district #),

_____ (circuit #), _____ (group or seat #); I am a qualified elector of MANATEE 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 elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board 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.

X _____ (941) 526-8080 EABAILEY2003@YAHOO.COM

Signature of Candidate | **Telephone Number** | **Email Address**

6115 75TH AVE EAST | PALMETTO | FLORIDA | 34221

Address | **City** | **State** | **ZIP Code**

Candidate's Florida Voter Registration Number (located on your voter information card): 105375073

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (*see* instructions on page 2 of this form):

EGG-ZAY-VUH b AL-l ee

STATE OF FLORIDA
COUNTY OF Manatee

Sworn to (or affirmed) and subscribed before me this 17 **day of** June, **20** 16.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: Drivers License

_____
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

SHARON A. STIEF
Commission # FF 077159
Expires December 17, 2017
Bonded Thru Troy Fain Insurance, Inc. 800-385-7019

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