CANDIDATE OATH -	
NONPARTISAN OFFICE	
(Do not use this form if a Judicial or School Board Candidate)	p⊂ostVED
Check box only if you are seeking to qualify as a write-in candidate:	
	2018 JUN 18 FM 12 37
Write-in candidate	
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 \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.) SUPERVISOR LAKEWOOD RACON am a candidate for the nonpartisan office of $CDDC$	
	(Office) (District #)
(<i>Circuit #</i>), ス, i am a qualified elector of <i>MANATEE</i> County, Florida;	
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): 115094666	
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.] $\Box A M E S P, R 0 - G \delta - Z E E$	
X A Address (941) 388-6811 JR060 Zeo GMAIL. Com Signature of Candidate Telephone Number Email Address 7624 PORISTEWART DR: LAKEWOOD RANCH FL. 34202 Address City / State ZIP Code	
Address City	State ZIP Code
STATE OF FLORIDA	Signature of Notary Public
COUNTY OF MANATEE	Print, Type, or Stamp Compositioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me this 5^{44} day of 3^{16} , 20_{18} . Personally Known: or Produced Identification:	KAREN JONES Commission # FF 9808800 Expires April 11, 2020 Bonded Thru Troy Pain Insurance 800-385-7019
Type of Identification Produced: <u>FL</u> 0, L,	
DS-DE 302NP (Rev. 11/17)	Rule 1S-2.0001, F.A.C.

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