CANDIDATE OATH	5	
SCHOOL BOARD OFFICE	RECEIVED	
Check box only if you are seeking to qualify as a write-in candidate:	2024 JUN - 5 PH 12: 30	
Write-in candidate	MANATEE COUNTY SUPERVISOR OF ELECTIONEFICE USE ONLY	
Candidate Oath		
Name to appear on ballot:		
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 office of	tool BOARD 3	
(Office) (District #) I am a qualified elector of MANATEE 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 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.).		
YES, I Do NO, I Do Not		
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.		
X (941, 405-3567 chartiekennoly eyshoo.com Signature of Candidate Telephone Number Email Address 2309 774 AVE W BRADENTON FL 34205		
Signature of Candidate Telephone Numb	er Email Address	
2309 771 AVE W BRADENT Address of Legal Residence City	State ZIP Code	
STATE OF FLORIDA		
COUNTY OF Marate	Signature of Notary Public	
Sworn to (or affirmed) and subscribed before me by means of		
online notarization OR physical presence		
this day of, 20 24. Personally Known OR Produced Identification		
· ·	Bonded Thru Troy Fain Insurance 800-385-7019	
Type of Identification Produced:		
DS-DE 304SB (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.	

	O 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):	
State	ment of Outstanding Fines, Fees or Penalties
Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write- candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fee or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officer and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.	
Amount	Entity
a.,	
Affidavit	of Nickname (Only required if using nickname for the ballot.)
My legal name is	. I am over the age of eighteen (18) and the contents of t
affidavit are true and correct.	
My nickname is	I am generally known by this nickname or have used it as p
of my legal name. I have not create	the nickname to mislead voters. My nickname does not imply I am some other person, constitu
a political slogan or otherwise assoc	ate me with a cause or issue, or that is obscene or profane.
Signature of Candidate:	
STATE OF FLORIDA	
COUNTY OF	
	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public bek
Sworn to (or affirmed) and subscribe	before me by means
	physical presence
this day of	
Personally Known D OR Pro	
Type of Identification Produced:	
DS-DE 304SB (Eff. 10/2023)	Rule 1S-2.0001, F.A.(