CANDIDATE OATH -NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate) Check box *only* if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

OSC SOE JUN8'2012:22

		OFFICE USE ONLY		
Candidate Oath				
	(Section 99.021(1)(a), Florida Statutes)		
I, Kolby S Urban				
(Print name above as you wish it to ap hyphen, check box ☐. (See page 2 - Although a write-in candidate's name is	Compound Last N	lames). No change can be	made after t	he end of qualifying
am a candidate for the nonpartisan office of	St. Cloud Cit	y Council		7
		(Office)		(District #)
(Circuit #), 3 ; I am a c	qualified elector of C	sceola		_ 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.				
Candidate's Florida Voter Registration Number (located on your voter information card): 115891422				
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.] kol-by uh-bun				
x //	(407) 908-417	2		
Signature of Candidate	Telephone Number	electk	kolbyurban@gmail.com	
2239 Summer Raye Court	St. Cloud	-	Email Addre	ess
Address	City	Florida		34772
STATE OF FLORIDA	J.,	State		ZIP Code
COUNTY OF OSCEOLA		Signature of Notary Pul Print, Type, or Stamp Commiss	olic ioned Name of No	otary Public below:
Sworn to (or affirmed) and subscribed before me by	Dhysical or			
online presence this day of		§*************************************	······	w.
Personally Known: or Produced Identification		MIC MY EX	COMMISSION # GG3 CPIRES October 05, 20	ERE § 6489 § 20
Type of Identification Produced:			~~~~~~	ws

DS-DE 302NP (Rev. 04/20)