	I		
CANDIDATE OATH -	·		
SCHOOL BOARD			
NONPARTISAN OFFIC	E		JUN 12 '20 AM8:21
Check box only if you are seeking to write-in candidate:	qualify as a		OSC SOE
Write-in candidate			OFFICE USE ONL
Candidate Oath			
(Sections 99.021(1)(a) and 105.031, Florida Statutes)			
I, Kerly Santos			
(Print name above as you wish it to app hyphen, check box 🔲 . (See page 2 - Although a write-in candidate's name is r	Compound Last N	ames). No change can be	e made after the end of qualifying.
am a candidate for the nonpartisan office of	Osceola S	chool Board	, 2,
		(Office)	(District #)
, ;lama d	ualified elector of	Osceola	County, Florida;
(Circuit #) (Group or Seat #)			
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.			
Candidate's Florida Voter Registration Number (located on your voter information card): 127981855			
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.]			
x huta-	(407) 735-613	9 202	0santosk@gmail.com
Signature of Candidate	Telephone Number	202	Email Address
P.O. Box 453283	Kissimmee	FL.	34745
Address	City	State	ZIP Code
		Marll	NSLL
COUNTY OF OSCROLA	a /	Signature of Notary Pu Print, Type, or Stamp Commis	Iblic ssioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by	physical or		Madana Mallas
online presence this 12 hav of SUNP . 20 %			
Personally Known: or Produced Identification: Comm# GG028276			
Type of Identification Produced: FLUL Expires 9/8/2020			

DS-DE 304SB (Rev. 04/20)

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