

**CANDIDATE OATH -  
STATE AND LOCAL PARTISAN OFFICE**

DSC SOE JUN12'2011:31

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Beulah Rosita Farouharson  
(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 . (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.)

I am a candidate for the office of Osceola County Supervisor of Elections, \_\_\_\_\_, \_\_\_\_\_,  
(Office) (District #) (Circuit #)  
\_\_\_\_\_ ; I am a qualified elector of Osceola County, Florida; I am qualified  
(Group or Seat #)

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.

**Statement of Party**

(Section 99.021(1)(b), Florida Statutes)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the \_\_\_\_\_ Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 106175616

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.]

BEU-LAH RO-SI-ta FAR KU SON

~~X Beulah Farouharson~~ 407 516-8431 beulahrosita@gmail.com  
Signature of Candidate Telephone Number Email Address

984 Florida Parkway BVL, FL 32943  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Osceola

Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 9<sup>th</sup>  
day of June, 2020.

Personally Known: \_\_\_\_\_ or Produced Identification: ✓  
Type of Identification Produced: Florida Driver License

