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 OFFICE USE Candidate Oath (Section 99.021(1)(a), Florida Statutes)	
(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 OFFICE USE Candidate Oath (Section 99.021(1)(a), Florida Statutes)	
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write-in candidate:  Write-in candidate  OFFICE USE  Candidate Oath (Section 99.021(1)(a), Florida Statutes)	
Candidate Oath (Section 99.021(1)(a), Florida Statutes)	ONLY
Candidate Oath (Section 99.021(1)(a), Florida Statutes)	ONLY
(Section 99.021(1)(a), Florida Statutes)	of calendary and
I, <u>James Tager</u> + (Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but ha hyphen, check box □. (See page 2 - Compound Last Names). No change can be made after the end of qualit Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)	fvina.
am a candidate for the nonpartisan office of Ast. Secretary Concord Estates CM (Office) (District #)	_,
(Circuit #) (Group or Seat #) ; I am a qualified elector of OSCEO C County, Floring County, Floring	da;
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elect have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the of I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida State and I will support the Constitution of the United States and the Constitution of the State of Florida.	office
Candidate's Florida Voter Registration Number (located on your voter information card):	]
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the a ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candida	udio ates.]
X James M. Jagget (609) 618-0857 njtags@gmail.com Signature of Candidate Telephone Number Email Address	<u>~</u>
3/10 Harbor View Lane Lissimmee FL 34746 Address City State ZIP Code	
A THE Code	1
STATE OF FLORIDA	1
COUNTY OF Sceola Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:	-
COUNTY OF Scena (Print, type, or Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by physical or	_
COUNTY OF	_
COUNTY OF Scena (Print, Type, or Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by physical or	

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

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