| CANDIDATE OATH - | | |
|---|--|------------------|
| NONPARTISAN OFFICE | OSC SC | E JUN8'2013:14 |
| (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 ONLY |
| Candidate Oath | | |
| (Section 99.021(1)(a), Florida Statutes) | | |
| I, Carl Thilburg | | |
| (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.) | | |
| am a candidate for the nonpartisan office of Supervisor | Supervisor of the Remington CDD | |
| | (Office) | (District #) |
| , 5 ; I am a qualified 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. | | |
| Candidate's Florida Voter Registration Number (located on your voter information card): 113214914 | | |
| 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.] | | |
| (407) 929-6349 cthilburg@cfl.rr.com | | |
| Signature of Candidate Telephone Number | 49 cthilburg@cfl.rr.com Email Address | |
| 145 Club Villas Lane Kissimmee | Florida | 34744 |
| Address City | State | ZIP Code |
| | Caermaine | 7 |
| STATE OF FLORIDA | Signature of Notary Public | |
| COUNTY OF OSCOO A Print, Type, or Stamp Commissioned Name of Notary Public below: | | |
| Sworn to (or affirmed) and subscribed before me by M physical or | | |
| online presence this 8 day of JUNC, 2020. MY COMMISSION # GG 093903 EXPIRES: April 12, 2021 Bonded Thru Notary Public Underwriters | | |
| Personally Known: or Produced Identification: | | |
| Type of Identification Produced: | | |
| | | |