

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

JUN 12 '20 4:10:47  
DSC SOE

(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, Craig R Nordengren

*(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 Indian Point CFD Commissioner, \_\_\_\_\_, \_\_\_\_\_,  
(Office) (District #)

\_\_\_\_\_ , Seat #1 ; 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): 106205572

**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.]*

Kreg NOR-den-gren

<b>X</b> <u>Craig Nordengren</u>	(407) 466-4911	cnordengren@me.com	
Signature of Candidate	Telephone Number	Email Address	
<u>4687 Cheyenne Point Trail</u>	<u>Kissimmee</u>	<u>FL</u>	<u>34746</u>
Address	City	State	ZIP Code

STATE OF FLORIDA  
COUNTY OF Osceola

Angel J. Rosario  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by  physical or  
 online presence this 9 day of June, 2020.

Personally Known: X or Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

