## 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:

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vvnie-in	candidate

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OFFICE USE ONLY

	Canadate Cath				
	(Section 99.021(1)(a), Florida Statutes)				
,	Elizabeth Allen				
	(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 w	rite-iii carididate s	andidate's name is not printed on the ballot, the name mast be printed above for outh purposes.			
am a candidate	for the nonpartisar	office of Champion	s Gate Community Dev. District	, ,	
			(Office)	(District #)	
,	Seat #1	; I am a qualified elector of	Osceola	_ County, Florida;	
(Circuit #)	(Group or Seat #)	•			

Candidata Oath

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):

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.] uh-lih-zuh-beth ah-lehn

X (603) 714-4015 liztedallen@gmail.com

Signature of Candidate Telephone Number Email Address

1463 El Conte Drive Champions Gate FL 33896

Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF DECRO G

Sworn to (or affirmed) and subscribed before me by  ${\color{red} igstyle {\Bbb X}}$  physical or

online presence this 12th day of \_\_\_\_\_\_\_, 20\_20.

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

Type of Identification Produced:

Polici Control

Signature of Notary Public

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

