CANDIDATE OATH

050 S0F JUN1#228:27

SCHOOL BOARD NONPARTISAN OFFICE	050 30E 00NIA 220-21	E
Check box only if you are seeking to qualify as a write-in candidate:		
Write-in candidate		
	OFFICE	E USE ONLY
Candidate Oath		
(Section 99.021(1)(a) and 105.031, Florida Statutes)		
1, Teresa "Terry" Castillo		
(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	a County School Board ,	1
	(0.55)	istrict #)
(Circuit #) (Group or Seat #); I am a qualified elector of	OSCeola Count	ty, Florida;
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.		
Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employed or efficient de hardhand a recipient of		

e of t of funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 106225367 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.]

Signature of Candidate Telephone Number

into O beyo Email Address

34746 State ZIP Code

STATE OF FLORIDA

COUNTY OF

Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence V

201

Personally Known

Produced Identification

driver license Type of Identification Produced:

OR

ELISA RIOS STATE OF FLORIDA Comm# GG283690 Expires 1/4/2023