CANDIDATE OATH SCHOOL BOARD NONPARTISAN OFFICE

Check box **only** if you are seeking to qualify as a write-in candidate:

050 50E JUN1572210:04

Write-in candidate	
	OFFICE USE ONLY
Candidate Oath	
(Section 99.021(1)(a) and 105.031, Florida Statutes)	
1, Will "Coach" Fonseco	
(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 Osceols	
	(Office) (District #)
; 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	
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 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): 13798229	
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.]	
Will tonseca	
X 641-6	5782 Coach Will Forseco agmails
Signature of Candigate Telephone Number	Email Address
1850 cardier CT Kiss	FL 31744
Address City	State ZIP Code
STATE OF FLORIDA	
O_{α}	Thile Lechetts
COUNTY OF US CEOIC	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	, Type, at examp commissioned Hame of Hotally Fubile below.
online notarization OR physical presence	
this $/4$ day of \sqrt{une} , $20 22$.	Notary Public State of Florida Philena Ricketts My Commission
Personally Known OR Produced Identification	HH 159051 Exp. 8/1/2025
Type of Identification Produced:	