CANDIDATE OATH NONPARTISAN OFFICE

OSC SOE JUN13'2214:48

(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, Thomas D. McKeon, Sr.	ear on the hallot	If your last name consists of two or m	oro namos but has no
(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, Reunion East CDD			
and a samulation for the membershear emission	Super visor,	(Office)	,, (District #)
, 3 ; I am a c	rualified elector of		
(Circuit #) (Group or Seat #)	quantica ciccioi oi		County, 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.			
Candidate's Florida Voter Registration Number (located on your voter information card): 112803388			
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.]			
MIC-KEY-ON			
\wedge			
v //2000 / MG//	(407) 396-23	245	
Signature of Candidate	Telephone Number	monoono i iwo	
7424 Gathering Ct	Reunion	Email A	
Address	City	FL State	34747 ZIP Code
	S.I.y	Λ .	ZIP Code
STATE OF FLORIDA		110000000000000000000000000000000000000	
Λ (CONTRACTOR OF THE CONTRACTOR O	
COUNTY OF 1/50P0/A		Signature of Notary Public	fN-day D. Francis
COUNTY OF USCEO A			of Notary Public below:
Sworn to (or affirmed) and subscribed before me			of Notary Public below:
Sworn to (or affirmed) and subscribed before me online notarization OR physical pre	esence 🗸		of Notary Public below:
Sworn to (or affirmed) and subscribed before me online notarization OR physical proteins day of UNC			of Notary Public below:
Sworn to (or affirmed) and subscribed before me online notarization OR physical proteins day of UNC Personally Known OR Produced Identification	esence $$ _, 20_22. fication $$		of Notary Public below:
Sworn to (or affirmed) and subscribed before me online notarization OR physical proteins day of UNC Personally Known OR Produced Identification	esence	Print, Type, or Stamp Commissioned Name of	of Notary Public below: