CANDIDATE OATH NONPARTISAN OFFICE DSC SDE JUN13*2215:38 (Do not use this form if a Judicial or School Board Candidate) Check box only if you are seeking to qualify as a mich-in candidate: OFFICE USE ONLY (Direct use this form if a Judicial or School Board Candidate) Check box only if you are seeking to qualify as a mich-in candidate: OFFICE USE ONLY (Direct use only if you are seeking to qualify as a mich-in candidate: OFFICE USE ONLY (Direct use only if you are seeking to qualify as a mich-in candidate) OFFICE USE ONLY (Direct use only if you are seeking to qualify as a mich-in candidate) (Direct use only if your name above or as you wish if 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 cath purposes.) am a candidate for the nonpartisan office of (Circuit #) (Group or Seat #) (Dirent #) (Circuit #) (Group or Seat #) (I am a qualified elector of (Circuit #) (District #) 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 th			
(Do not use this form if a Judicial or School Board Candidate) Check box only if you are seeking to qualify as a mitc-in candidate Write-in candidate Write-in candidate OFFICE USE ONLY Candidate Oath (Bection 99 021(1)(a). Florida Statutes) I. BELIAN K BECWIN (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 eath purposes.) am a candidate for the nonpartisan office of REM_INGRUS CDD BOAKD OF SUPERVISES [CANDIDATE OATH	000 000	
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OFFICE USE ONLY Candidate Oath (Section 99 021(1)(a). Florida Statutes) I, BRIAN K BREWN (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 above for oath purposes.) am a candidate is name is not printed on the ballot. If your last name must be printed above for oath purposes.) am a candidate for the nonpartisan office of <u>BEM1 NG TAS CDD</u> BOAKD OF SUPERVISA'S (Office) (Office) (South, Florida, (Office) (Office) (Office) (Office) (Office) (Defect for 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 o			
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(Office) (District #) (Circuit #) (Group or Seat #) 1 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): 106 24 206 5 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 Multic Multi	Although a write-in candidate's name is not printed on the ballot, the name must be printed above for bath purposes.)		
A I am a qualified elector of OSCEOLA County, Florida; (Circuit #) (Group or Seat #) I am a qualified elector of OSCEOLA 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): 106.24.206.5 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] WHAN (407) 873 - 2817 baun bk Obt Mail Address Signature of Candidate Telephone Number Email Address 212 ComMAL CT (LISSIMMER Address 213 ComMAL CT (LISSIMMER State ZIP Code State City State ZIP Code State City State ZIP Code State Cit	am a candidate for the nonpartisan office of <u>BEMINGTORS</u> CDD BOARD OF SUPERVISORS,		
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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): 1.06.24.206.5 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.] X. Ruin K. R. K.			
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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): 106.24.2.06.5 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.] KRUM (407) 873 - 2817 BLAN KADMM Ideptore Number Email Address ZI2_COMWAU CT Visitive State City State ZIP Code STATE OF FLORIDA Country of Oscapa Sworn to (or affirmed) and subscribed before me by means of State			
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online notarization OR physical presence			
this day of, 20,33			
Personally Known OR Produced Identification			
Type of Identification Produced:			

DS-DE 302NP (Rev. 08/2021)

Rule 1S-2.0001, F.A.C.