| CANDIDATE OATH | |
|---|---|
| NONPARTISAN OFFICE | OSC SOE JUN13'2215:33 |
| (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, MICHAEL BARBUCK | |
| (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 Concongest | |
| | (Office) (District #) |
| (<i>Circuit #</i>), (<i>Group or Seat #</i>); I am a qualified elector of | OSCEOLA County, Florida; |
| I am gualified 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): 12343434) | |
| 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.] | |
| MICHARL BAR-BUCK | |
| 20 | |
| X (516) 318- | 6964 MBBRBUCK A GMAIL (1) |
| Signature of Candidate Telephone Number | Enail Address |
| | |
| Address City | State ZIP Code |
| CONFIDENTAL - PER FL115 | |
| STATE OF FLORIDA | Cojomaine |
| COUNTY OF OSCED A | 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 | CATLINISSION C |
| this 3_day of JUNC , 20 00 | A CORRELEZ DO TRO |
| Personally Known OR Produced Identification | * |
| Type of Identification Produced: FL Driver License | |
| DS-DE 302NP (Rev. 08/2021) | |
| 50-52 502NP (Nev. 08/2021) | |