

**CANDIDATE OATH
NONPARTISAN OFFICE**

DSC SOE JUN14'22 13:10

(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, Daniel Swinford,

(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 CELEBRATION COMMUNITY DEVELOPMENT,
(Office) (District #)

2; 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 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): 123 269 960

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.]

DAN-Yell SWIN-ford

X [Signature] Telephone Number 484-824-3027 Email Address Cswinford@att.com
Address 5140 1st St. City Celebration State FL ZIP Code 34747

STATE OF FLORIDA

COUNTY OF Osceola

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒
this 14 day of June, 2022.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL Driver License

C. Gormaine
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

