CANDIDATE OATH -**NONPARTISAN OFFICE**

(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

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SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

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PASCO	County, Florida;
hold the office to which I desire	to be nominated or elected: I
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Constitution of the State of Florid	da.
s on page 2 of this form): [Not ap	pplicable to write-in candidates.] CLAD LIDVEMBER CHARGE
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	Email Address
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Signature of Notary Public	
Print, Type, or Stamp Commissioned	Name of Notary Public below:
- Autoria Cinta	of Florida
Karen M Estel	220482
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	o hold the office to which I desired which office or any part thereof equired to resign pursuant to Section Constitution of the State of Floridary voter information card): In the line below as you wish it is on page 2 of this form): [Not appeared by the state of Notary Public State State State Signature of Notary Public Print, Type, or Stamp Commissioned