## 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

## RECEIVED

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BRIAN E. CORLEY SUPERVISOR OF ELECTIONS DADE CITY, FLORIDA

OFFICE USE ONLY

X Figh Animal (8/8 929 //43 RICK BOSEY CAOL, Co.  Signature of Candidate Telephone Number Email Address  580 8 SWEET WILLIAM TER CANDOLAKE FL 34639-2803  Address City State ZIP Code  STATE OF FLORIDA  COUNTY OF Public Print, Type, or Stamp Commissioned Name of Notary Public below:  Sworn to (or affirmed) and subscribed before me this 3  day of JUNE 20 8.  Personally Known: or Produced Identification:		The same of the sa	
(Section 99.021(1)(a), Florida Statutes)  (Print name above as you wish it to appear on the beliot. 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 DUPRE LAKES CDD (Office) (District #)  (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): 1/4/25684  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 Address City State of Notary Public  Signature of Candidate Telephone Number Email Address  City State State State of Notary Public  Signature of Notary Public  State FLORIDA  COUNTY OF COUNTY OF County Public Delow:  Notary Public State of Florida  Notary Notary Public State of	Candida	te Oath	
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 □UPREC LAYES □□□ (Office) (District #)  (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): □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□			
(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 Dupre Layes CDD (Office) (District #)  (Circuit #) (Group or Seat #)  I am qualified elector of 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): 1/4/25689  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 Such Aman Reset (Applicable to write-in candidates.]  X Such Aman Reset (State of Florida State of Florida Signature of Candidate Telephone Number Email Address City State of Florida Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:  Notary Public State of Florida Karen M Estell Porter 1821 (2018).  Notary Public State of Florida Karen M Estell State of Florida Karen M Estell State of Florida Country or Produced Identification:	(300000133.021(1))	a, i londa Statutes)	
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am a candidate for the nonpartisan office of     Control   Control   Control	nypnen, check box □. (See page 2 - Compound Last N  Although a write-in candidate's name is not printed on the b	lames). No change can be made after the	e end of qualifying.
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(Circuit #)  (Group or Reat #)  (Group or Reat #)  (Group or Reat #)  (I am a qualified elector of PASCO  County, Florida;  (Circuit #)  (Group or Reat #)  (Circuit #)  (Group or Reat #)  (County, Florida;  (County, Florida;  (County, Florida;  (County, Florida;  (I am a qualified elector of PASCO  County, Florida;  (I am a 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):  (Circuit #)  (Circuit #)  (Asset in qualified under the Constitution and the Laws of Florida Statutes; and I will support the Constitution of the State of Florida Statutes; and I will support the Constitution of the State of Florida Statutes; and I will support the Constitution of the State of Florida Statutes; and I will support the Constitution of the State of Florida Statutes; and I will support the Constitution of the State of Florida Statutes; and I will support the Constitution of the State of Florida Statutes; and I will support the Constitution of the State of Florida Statutes of Notary Public Delow:  (Circuit #)	am a candidate for the nonpartisan office of DUPREE I	AKES CDD	
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):			(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 the Constitution of the State of Florida.  Candidate's Florida Voter Registration Number (located on your voter information card):	S : Lam a qualified elector of	PARCO	Oti. El-dil-
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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):	I am qualified under the Constitution and the Laws of Florida to	hold the office to which I desire to be nom	inated or elected; I
Address  City  State  Country OF  Country Of C	have qualified for no other public office in the state, the term of	which office or any part thereof runs concur	rrent with the office
Address  City  State  Country OF  Country Of C	I seek; and I have resigned from any office from which I am re	equired to resign pursuant to Section 99.01	2. Florida Statutes:
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.]  **RIK** CURN RD  **RING** RD  **			
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.]    RIK LIM RD		Constitution of the State of Florida.	
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.]    RIK LIM RD			-1011
Address  State  COUNTY OF  Sworn to (or affirmed) and subscribed before me this  Address  Sworn to (or affirmed) and subscribed before me this  County Known:  Or Produced Identification:  Or Produced Identification:  County Known:  Or Produced Identification:  Or Produced Identification:  County	Candidate's Florida Voter Registration Number (located on yo	ur voter information card)://4/23	689
Address  State  COUNTY OF  Sworn to (or affirmed) and subscribed before me this  Address  Sworn to (or affirmed) and subscribed before me this  County Known:  Or Produced Identification:  Or Produced Identification:  County Known:  Or Produced Identification:  Or Produced Identification:  County			
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X Figh Anal (8/8 929 //43 RICK DOGEY CAOL, Co.  Signature of Candidate Telephone Number Email Address  580 8 SWEET WILLIAM TER CANDOLAKE FL 34639-2803  Address City State ZIP Code  STATE OF FLORIDA  COUNTY OF Page 1 Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:  Sworn to (or affirmed) and subscribed before me this 3 day of Junic 20 B.  Personally Known: or Produced Identification:	pallot as may be used by persons with disabilities (see instruction	ns on page 2 of this form): [Not applicable to	write-in candidates.]
Signature of Candidate  Telephone Number  Email Address  34639-2803  Address  City  State  ZIP Code  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public below:  Sworn to (or affirmed) and subscribed before me this  day of	A		
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Signature of Candidate  Telephone Number  Email Address  34639-2803  Address  City  State  ZIP Code  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public below:  Sworn to (or affirmed) and subscribed before me this  day of	V Silv d'und 1818 070	11117	
Address City  State  State  ZIP Code  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public below:  Sworn to (or affirmed) and subscribed before me this  day of  TUNE, 20/8.  Personally Known:  or Produced Identification:		1143 RICKBO	SEY CHOL, CO
STATE OF FLORIDA  COUNTY OF  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public below:  Notary Public State of Florida  Karen M Estel  My Commission GG 220482  Expires 05/21/2022	Signature of Candidate Telephone Number	Email Addres	s
STATE OF FLORIDA  COUNTY OF  Signature of Notary Public  Print, Type, or Stamp Commissioned Name of Notary Public below:  Notary Public State of Florida  Karen M Estel  My Commission GG 220482  Expires 05/21/2022	5808 SWEET WILLIAM TER CANDOLAK	5 FC 346	39-2803
Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:  Notary Public State of Florida Karen M Estel My Commission GG 220482 Expires 05/21/2022	Address City	State	ZIP Code
Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:  Notary Public State of Florida Karen M Estel My Commission GG 220482 Expires 05/21/2022	OTATE OF FLORIDA	KALLINE S. F.	- 0
Sworn to (or affirmed) and subscribed before me this day of, 20	STATE OF FLORIDA	Signature of Notary Public	2
Sworn to (or affirmed) and subscribed before me this	COUNTY OF PASSA		ary Public below:
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