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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| Candidate Oath (Section 99.021(1)(a), Florida Statutes) |
| (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 |
| (Office) (District #) |
| (Circuit #) (Group or Seat #); I am a qualified elector of Hasco County, Florida; |
| AND THE PROPERTY OF THE PROPER |
| 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. |
| The state of the s |
| Candidate's Florida Voter Registration Number (located on your voter information card): 110717568 |
| 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 (8/3) 3/3-87/4 |
| Signature of Candidate The Telephone Number Email Address |
| 6701 Hut Madarch wesley Chafel FC 33545 |
| Address City / State ZIP Code |
| STATE OF FLORIDA June Cowen |
| COUNTY OF Pasco Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: |
| COUNTY OF Print, Type, or Stamp Commissioned Name of Notary Public below: |
| |
| Sworn to (or affirmed) and subscribed before me this 2 5 T |
| day of June , 20 18. |
| Personally Known: or Produced Identification: EXPIRES October 7, 2018 |
| Type of Identification Produced: [407) 398-0153 FloridaNotaryService.com |
| rype of identification Floduced. |