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
2018 JUN 22 AM 8:59
BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, BRUCE VASQUEZ

(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 OAK CREEK C.D.D. (Office), _____ (District #),

_____ (Circuit #), SEAT #3 (Group or Seat #); I am a qualified elector of PASCO County, Florida;

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): 117226227

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.]*

BRUCE VASQUEZ

X Bruce Vasquez
Signature of Candidate

(813) 428-5593
Telephone Number

brvasquez53@gmail.com
Email Address

34213 SPRING OAK TRAIL
Address

WESLEY CHAPEL
City

FLA.
State

33545
ZIP Code

STATE OF FLORIDA

COUNTY OF PASCO

Tracy L Cowen
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 22nd day of June, 2018.

Personally Known: _____ or Produced Identification: ✓

Type of Identification Produced: DL

NOTARY PUBLIC STATE OF FLORIDA
TRACY L. COWEN
MY COMMISSION #FF166397
EXPIRES October 7, 2018
(407) 398-0153 FloridaNotaryService.com