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

2020 JUN-9 PM 1: 17

SUPPLYION OF PLECTIONS
DADE CITY FLORIDA

Laurenten	OFFICE USE ONLY
Candida (Section 99.021(1)(a	a), Florida Statutes)
hyphen, check box . (See page 2 - Compound Last N Although a write-in candidate's name is not printed on the b	If your last name consists of two or more names but has no lames). No change can be made after the end of qualifying pallot, the name must be printed above for oath purposes.)
am a candidate for the nonpartisan office of Lexing	(Office) (District #)
(Circuit #) (Group or Seat #); I am a qualified elector of	Pasco County, Florida;
I am qualified under the Constitution and the Laws of Florida to	o 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	
I seek; and I have resigned from any office from which I am re	
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 yo	ur voter information card): 106654644
Phonetic spelling for audio ballot: Print name phonetically of ballot as may be used by persons with disabilities (see instruction	n the line below as you wish it to be pronounced on the audions on page 2 of this form): [Not applicable to write-in candidates.]
× (813) 991-93	
Signature of Candidate Telephone Number	Email Address
25407 Aptitude lev. Wosley Cha	pel FL 33544 State ZIP Code
STATE OF FLORIDA	320
COUNTY OF Pasco	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by physical or	
onlinepresence this9 day of	Notary Public State of Florida Tiffannie A Alligood
Personally Known: or Produced Identification:	My Commission GG 226701 Expires 10/05/2022
Type of Identification Produced:	£
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