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

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

I, Seth Weightman

(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 Pasco County Mosquito Control District , _____ ,
                                                          (Office)   *(District #)*

_____ , Seat 1 ; I am a qualified elector of Pasco _____ 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): 106619804

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.]*

S - eth (THIE) thigh   Wait - men

X ~~signature~~   (813) 714-8711   seth@sethweightman.com
Signature of Candidate   Telephone Number   Email Address

P.O. Box 2646   Dade City   Florida   33256
Address   City   State   ZIP Code

STATE OF FLORIDA

COUNTY OF Pasco

Sworn to (or affirmed) and subscribed before me by ☒ physical or

☐ online presence this 3rd day of June , 2020.

Personally Known: X or Produced Identification: _____

Type of Identification Produced: _____

signature
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Notary Public State of Florida
Kristine Marie Dail
My Commission GG 965357
Expires 03/03/2024

DS-DE 302NP (Rev. 04/20)   Rule 1S-2.0001, F.A.C.