

**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**  
**20 JUN 10 PM 1:33**  
**BRIAN E CORLEY**  
**SUPERVISOR OF ELECTIONS**  
**NEW PORT RICHEY, FLORIDA**

**OFFICE USE ONLY**

**Candidate Oath**

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

I, MICHAEL T. MCCARTHY

(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 WATERS EDGE CDD SEAT 3, \_\_\_\_\_ (Office) \_\_\_\_\_ (District #)

\_\_\_\_\_, 3; 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): 114950189

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.]

M I K L      M A C   C A R T H Y

**X** Michael T. McCarthy (203) 241-6270 MTM949@hotmail.com  
Signature of Candidate Telephone Number Email Address

11310 Bradford Pl. NSPR FL 34654  
Address City State ZIP Code

**STATE OF FLORIDA**  
**COUNTY OF Pasco**

Rebecca L Sarzynski  
**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  
online  presence this 10<sup>th</sup> day of June, 2020.  
Personally Known:  or Produced Identification:   
Type of Identification Produced: Drivers License

