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, _BARBARA CRUZ_

(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 _NORTHWOOD Community CDD Seat #5_
(Office) (District #)

_____ , _Seat 5_ ; 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): _111216369_

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.]

BAR'BA RA   CRŪZ

X _[signature]_ _(813) 907-6204_ _CRUZ81302@aol.com_
Signature of Candidate Telephone Number Email Address

27024 SEA BREEZE WAY   WESLEY CHAPEL   FL   33544
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF _PASCO_

Sworn to (or affirmed) and subscribed before me this _12th_ day of _June_ , 20 _20_ .

Personally Known: _____ or Produced Identification: _✓_
Type of Identification Produced: _FL DL_

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

ADA L MULLIX
Notary Public - State of Florida
Commission # GG 323204
My Comm. Expires Apr 14, 2023
Bonded through National Notary Assn.

DS-DE 302NP (Rev. 11/17) Rule 1S-2.0001, F.A.C.