## **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

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write-in candidate	SUPERVICE CORLOFFIC	CE USE ONLY
Candidate Oath  (Section 99.021(1)(a), Florida Statutes)  I, Periodic Pentertho  (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 bar am a candidate for the nonpartisan office of	ves CDD,	oses.) N(A,
(Circuit #), (Group or Seat #); I am a qualified elector of	(Office) (L	District #) unty, 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):		
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.]		
X Signature of Candidate  Signature of Candidate  DOBOL Nectarrae 71  Land O  Address  City	r Email Address	gabay rocco
STATE OF FLORIDA  COUNTY OF 7660	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Pub	olic below:
Sworn to (or affirmed) and subscribed before me by means of online notarization \( \begin{align*} OR & physical presence \\ this \( \begin{align*} \leq 0 & \end{align*} \) Aday of \( \begin{align*} \leq 0 & \end{align*} \) Personally Known \( \begin{align*} OR & Produced Identification \end{align*} \) Type of Identification Produced: \( \begin{align*} \leq 0 & \end{align*} \)	Notary Public State of Florida Rachel Lamanati My Commission HH 115187 Expires 04/25/2025	