| Check box only if you are seeking to qualify as a | | | |
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| (Do not use this form if a Judicial or School Board Candidate) RECEIVED Check box only if you are seeking to qualify as a write-in candidate: PRECEIVED Write-in candidate Deriver School Market Schol Market School Market School Market School Market S | CANDIDATE OATH - | 1. A state of the state of t | |
| Check box only if you are seeking to qualify as a mite-in candidate: Candidate Control Contre | NONPARTISAN OFFICE | | |
| write-in candidate: 2022 JUN 15 AITTO SO write-in candidate Suprovide Colleging write-in candidate Section 99.021(1)(a), Finda Statutes) 1. NATHANEEL (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. 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 | (Do not use this form if a Judicial or School Board Candidate) | RECEIVED | |
| SUPERVISOR OF FLEETION: OFFICE USE ONLY Candidate Oath Candidate Oath (Section 99.021(1)(a), Florida Statutes) I | Check box only if you are seeking to qualify as a write-in candidate: | 2022 JUN 16 AM 11:05 | |
| (Beclion 99.021(1)(a), Florida Statutes) (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 (Brint 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 (Brock box (See page 2 - Campound 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 Mt_afax I apple, fax I apple, fax I apple (Circuit #) (Group or Seatt #) (I am a qualified elector of Pasco County, 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 1 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): Dubts 52-72-32 Phonetic spelling for audio ballot: Print mame 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.] Nath+AMC B | Write-in candidate | | |
| I. | Candidate Oath | | |
| (Prhf 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 Mendbaw Pointed Dave for oath purposes.) (District #) (District #) (District #) (District #) (District #) (Group or Seat #) (an qualified elector of Pasco (Office) (District #) (Group or Seat #) (an qualified of 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): DUSSD 12.3 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.] | | | |
| (Office) (District #) | hyphen, check box 🗌 (see page 2 - Compound Last Na | ames). No change can be made after the end of qualifying. | |
| (Office) (District #) | am a candidate for the nonpartisan office of | Pointe I CDD - | |
| (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): DU552-72-3 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.] MATHANTEL KIRKLAND XHA ISB 78 6 -73 55 NattHANTEL KIRKLAND XHA ISB 78 6 -73 55 NattRANCE ISB 78 6 -73 55 Signature of Candidate Isgnature of Candidate Imail Address Isgnature of Candidate Signature of FLORIDA City Country of OR Swo | | (Office) (District #) | |
| 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): <u>DUSS2723</u> 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.] <u>NATHANTEL KIRKLAND</u> <u>Signature of Candidate</u> <u>State OF FLORIDA</u> State OF FLORIDA Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence of this 1 day of <u>OR</u> Produced Identification [] Type of Identification Produced: <u>EUDIVCY U CCNSE</u> | | Pasco County, Florida; | |
| ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.] NATHAMIEL KIRKLAND Signature of Candidate I BB 786 -7355 NH e.KIRKLANDLÖ CHM Signature of Candidate I BB 786 -7355 NH e.KIRKLANDLÖ CHM Email Address I B 786 -7355 NH e.KIRKLANDLÖ CHM Email Address I B 786 -7355 NH e.KIRKLANDLÖ CHM Email Address I B 786 -7355 NH e.KIRKLANDLÖ CHM Email Address I D 3543 IIP Code Signature of Notary Public Signature of Notary Public Signature of Notary Public State of Florida Tiffanne A Alligood Notary Public State of Florida Tiffanne A Alligood Expires 10/05/2022 Personally Known OR Produced Identification M Type of Identification Produced: FL Driver Ucense | 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. | | |
| Signature of Candidate Telephone Number Email Address Image: Address Image: Address Image: Address State Image: Address Image: Address Sworn to (or affirmed) and subscribed before me by means of online notarization Image: Address Image: Address Mission GG 226701 Image: Address Image: Address Image: Address Type of Identification Produced: Image: Address Image: Address Image: Address Type of Identification Produced: Image: Address Image: Address Image: | | | |
| | Address $City$ $City$ STATE OF FLORIDA $Country OF$ $Country OF$ Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this $Address$ $Address$ Personally Known OR Produced Identification | Email Address | |
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DS-DE 302NP (Rev. 05/2021)

Rule 1S-2.0001, F.A.C.