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

2022 JUN 13 PM 12: 44

BRIAN E. CORLEY OFFICE USE ONLY

SUPERVISOR OF THE TRUE
Candidate Oath DADE CITY, FLORIDA
(Section 99.021(1)(a), Florida Statutes)
1, Beth Edwards
(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 RESERVE AT WILLIAMSS LAKE CDD Supervisor (District #)
(Circuit #), (Group or Seat #); I am a qualified elector of
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): 106509370
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.]
ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.] Return (8B) 777-478 Heftorida Gallottes Signature of Candidate Telephone Number Email Address 2103 Bircholm Ct. LAND O' ARRS, FL 34/37
ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.] X Dut S S S S S S S S
Signature of Candidate State Of FLORIDA Salah Land City State
Signature of Candidate Telephone Number Telephone Number Email Address ZIP Code
Signature of FLORIDA Signature of Notary Public Signature of Notary Public Signature of Notary Public Signature of Notary Public
Signature of Candidate Signature of Candidate State State Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence of this form): [Not applicable to write-in candidates.] Notary Public
ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.] Real Real
Signature of Candidate STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me by means of online notarization OR OR OR OR OR Physical presence OR Physical presence OR Physical presence OR Physical presence OR OR Physical presence