## 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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SUPERVISOR OF ELECTIONS LAND O'LAKES, FLORIDA OFFICE USE ONLY

Candidate Oath
(Section 99.021(1)(a), Florida Statutes)
1, bby J Ticarelli,
(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 Meadow To INTE TI CO, (District #)
(Circuit #) ,; I am a qualified elector of 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 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): 156450
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.]
JOION MC-ER-POLLI
(C)
Signature of Candidate  Telephone Number  Email Address  Email Address  Tologome Number  Email Address
Signature of Candidate  Telephone Number  Email Address  Address  City  State  Email Address  ZIP Code 335 43  Signature of Notary Public
Signature of Candidate  Telephone Number  Email Address  Address  City  State  Email Address  ZIP Code 335 43
Signature of Candidate  Telephone Number  Email Address  Address  City  State  Email Address  ZIP Code 33S 43  Signature of Notary Public
Signature of Candidate  Telephone Number  Email Address  Address  State  State  State  Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:  Sworn to (or affirmed) and subscribed before me by means of online notarization  OR  physical presence  Telephone Number  Email Address  State  ZIP Code  Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:  REBECCA L. SARZYNSKI Notary Public - State of Florida Commission # HH 258509
Signature of Candidate  Telephone Number  Email Address  Address  State  ZIP Code 385 48  Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:  Sworn to (or affirmed) and subscribed before me by means of online notarization   OR physical presence   REBECCA L. SARZYNSKI Notary Public - State of Florida