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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2022 JUN 13 PM 12: 11

BRIAN E. CORLEY SUPERVISOR OF ELECTIONS DADE CITY, FLORIDA

OFFICE USE ONLY

Candidate Oath (Section 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 | | (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 $\underbrace{CDD HeriTage Pives}_{(Office)}$ $\underbrace{Seat 5}_{(District \#)}$, $\underbrace{NH}_{(District \#)}$, $\underbrace{NH}_{(District \#)}$, $\underbrace{NH}_{(District \#)}$, $\underbrace{County}_{(Circuit \#)}$, $\underbrace{Group or Seat \#)}$; I am a qualified elector of $\underbrace{Pasco}_{(District \#)}$. 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): 11867H 33H 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 Carol & Varyhan (727 534-2351 CVYINGYANG WGITHL, COM Signature of Candidate Telephone Number Email Address Email Address Address City State ZIP Code STATE OF FLORIDA Signature of Notary Public COUNTY OF TOSC 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 this Oth day of __ June ,20,20 Personally Known OR Produced Identification

Type of Identification Produced: **FLDL**