## **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

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BRIAN E. CORLEY
SUPERVISOR OF ELECAPPICE USE ONLY

The first transfer to the first transfer transfer to the first transfer
Candidate Oath
(Section 99.021(1)(a), Florida Statutes)
1, George K. O'CONNOR,
(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 Leat 4 Country Walk CDD, NA, (Office) (District #)
$\mathcal{N}$
$\frac{NA}{(Circuit #)}$ , $\frac{4}{(Circuit #)}$ ; I am a qualified elector of $\frac{ASCO}{(Circuit #)}$ County, Florida;
(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): 117 232277
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.]
JAWGUH OCANOR
X Roya 12 O Connor (813) 838-5962 GO CONLY (2) ADL-CONSignature of Candidate Telephone Number Email Address
Signature of Candidate Telephone Number Email Address
4109 WALWICK HILLS DR WESLEY CHAPEL FL 3 3543
Address City State ZIP Code
Know I L
STATE OF FLORIDA  Signature of Notary Bublic
COUNTY OF  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 U OR physical presence KATHRYN L. PAFFORD
online notarization \( \begin{array}{c} OR  \text{physical presence } \\ \begin{array}{c} \text{KATHRYN L. PAFFORD} \\ \text{Notary Public - State of Florida} \\ \text{Commission # HH 003377} \end{array} \]
this 15+ day of June, 2022.  Notary Public - State of Florida Commission # HH 003377 My Comm. Expires May 25, 2024
this 15+ day of June, 2022.  Notary Public - State of Florida Commission # HH 003377