## 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: 07

BRIAN E. CORLEY SUPERVISOR OF ELECTIONS DADE CITY, FLORIDA

OFFICE USE ONLY

Candidate Oath
Callalado Call
(Section 99.021(1)(a), Florida Statutes)
1, Robert Fox
(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 CDD Dupric Cakes Soat , NA, (District #)
(Circuit #); 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 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): 106 364 088
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 / A J V Par BOX IX (9 ROB ENGGE CHAIL COM
X Dan 808 1859 Bob Fox 94 C GMAil . Com Signature of Candidate Telephone Number Email Address
Signature of Candidate Telephone Number Email Address
X DAT Y DAT) 808 1859 BOBFOX99 CGMAIL. Com Signature of Candidate  Telephone Number  Email Address  Styre FL 34639  Address  City State  ZIP Code
Signature of Candidate  Telephone Number  Email Address  5478 Sweet William TER LAWD O LAKES FL 34639
Signature of Candidate  Telephone Number  Email Address  5478 Sweet William TER LAWD O LAKES FL 34639  Address  City  State  ZIP Code
Signature of Candidate  Telephone Number  Email Address  5478 Sweet William TER LAND O LAKES FL 34639  Address  City  State  ZIP Code  Signature of Notary Public
Signature of Candidate  Telephone Number  Email Address  5478 Sweet William TER LAWD O LAKES FL 34639  Address  City  State  ZIP Code  STATE OF FLORIDA
Signature of Candidate  Telephone Number  Email Address  5478 Sweet William TER LAND O LAKES FL 34639  Address  City  State  ZIP Code  Signature of Notary Public
Signature of Candidate  Telephone Number  Email Address  State  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
Signature of Candidate  Telephone Number  Email Address  Address  City  State  State  ZIP Code  STATE OF FLORIDA  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  OR physical presence  this day of Candidate  Telephone Number  Email Address  Signature of Notary Public  Signature of Notary Public State of Florida  Rachel Lamanati
Signature of Candidate  Telephone Number  Email Address  Address  City  State  City  State  ZIP Code  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  Notary Public State of Florida