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, April Wakefield, |
| (Print hame 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 Lake Padgett Estaty (SD), n/a, (District #) |
| (Circuit #); I am a qualified elector of Vasco 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. |
| and I will support the constitution of the critical states and the constitution of the state of Figure 1 |
| Candidate's Florida Voter Registration Number (located on your voter information card): 110589> |
| 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-Pril Walifuld 8131382-7990 april 2 wallowd.com Signature of Candidate Telephone Number Email Address 3545 Lake Pragett Dr. Land O'Lakes Fe 34639 Address City State ZIP Code |
| STATE OF FLORIDA COUNTY OF Pasco 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 \(\begin{array}{c} OR \\ \text{physical presence} \end{array} \) this \(\begin{array}{c} 13^{\text{this}} \) day of \(\begin{array}{c} \text{SARZYNSKI} \\ \text{Notary Public} \cdot \text{State of Florida} \\ \text{Commission} = \text{His 258509} \\ \text{My Comm. Expires Apr 27. 2026} \\ \text{Bonded through National Notary Assn.} \end{array} \) Personally Known \(\begin{array}{c} OR \\ \text{Produced Identification} \end{array} \) Type of Identification Produced: \(\text{Vision Produced: } \end{array} \) |