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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

</td><td>

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Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, __Megan McNeil__ ,

(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 Pointe IV CDD__ , __—__ ,
  (Office)   (District #)

__—__ , __5__ ; I am a qualified elector of __Pasco__ 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): __106635531__

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.]*

__Mē gan McNeil__

X __(signature)__   (813) 508 2875   __meganmcneil212@__
Signature of Candidate   Telephone Number   Email Address __Yahoo.com__

__31951 Mardelle Pl__   __Wesley Chapel__   __FL__   __33543__
Address   City   State   ZIP Code

STATE OF FLORIDA

COUNTY OF __Pasco__

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐   OR   physical presence ☑

this __14__ day of __June__ , 20__22__.

Personally Known ☐   OR   Produced Identification ☑

Type of Identification Produced: __FL Driver License__

__(signature)__
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Notary Public State of Florida
Tiffannie A Alligood
My Commission GG 226701
Expires 10/05/2022

DS-DE 302NP (Rev. 08/2021)   Rule 1S-2.0001, F.A.C.