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

(Section 99.021(1)(a), Florida Statutes)	
1, Brian Quialey	,
(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 Northwood CDD , NA (Office) , (District #)	_ ,
(Circuit #); I am a qualified elector of QSCO County, Florid	da;
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected	d; 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	ice
I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statute	es;
and I will support the Constitution of the United States and the Constitution of the State of Florida.	
	V-500-01
Candidate's Florida Voter Registration Number (located on your voter information card): 11069774	
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 (S13) 785 0880 Bquig Ø 312 ad. COM Signature of Candidate Telephone Number Email Address	
1512 Rincon Drive Wesley Chape F1 33544 Address City State ZIP Code	

Candidate Oath

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 _

,2022

Personally Known

OR Produced Identification

Type of Identification Produced:____

DL

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

REBECCA L. SARZYNSKI Notary Public - State of Florida Commission # HH 258509 My Comm. Expires Apr 27, 2026 Bonded through National Notary Assn.