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) (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 Lakeshore la	
(Circuit #), (Group or Seat #); I am a qualified elector of	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 v	
I seek; and I have resigned from any office from which I am rec	
and I will support the Constitution of the United States and the Co	
Candidate's Florida Voter Registration Number (located on your voter information card): _// ごろどの よし	
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.]	
Lough - IIN	
(83) 810-3 Signature of Candidate Telephone Number	386 thomas paul Coughlin Ooutlook. Com Email Address
8640 Eagle Brook br. Land O Like Address City	es FC 34638 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{align*} OR \\ \end{align*} physical presence \(\begin{align*} \text{this } \end{align*} \) day of \(\begin{align*} \text{SUNL} \\ \end{align*}, 20 \(\begin{align*} \text{22} \\ \end{align*}. \) Personally Known \(\begin{align*} OR \\ \end{align*} Produced Identification \(\begin{align*} \begin{align*} \text{Type of Identification Produced:} \end{align*}	REBECCA L. SARZYNSKI Notary Public - State of Florida Commission # HH 258509 My Comm. Expires Apr 27, 2026 Bonded through National Notary Assn.