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	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	Of Port Richey, (District #)
; I am a qualified elector of (Circuit #) (Group or Seat #)	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): 104400388	
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.] (Red) AH (AH) B bed UHR purt T H WH B UHR D (Set)	
X Paltal fulla (352) 584.6431 yearfain 10 yahou.com Signature of Candidate Telephone Number Email Address 7515 Grand Blvd. Part Richelf Fl. 34668 Address City State Zip Code STATE OF FLORIDA Signature of Notary Public	
COUNTY OF Pasco	Print, Type, or Stamp Commissioned Name of Notary Public below:
Swom to (or affirmed) and subscribed before me by means of online notarization \(\begin{align*} OR \\ \end{align*} physical presence \(\begin{align*} DR \\ \end{align*}, 20\(\begin{align*} 23 \\ \end{align*}. \end{align*} Personally Known \(\begin{align*} OR \\ \end{align*} Produced Identification \(\begin{align*} DR \\ \end{align*} Type of Identification Produced:	Ashlee McDonough Notary Public State of Florida Comm# HH150179 Expires 10/16/2025