| 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) | |
| 1, KEVIN DAMIC, | |
| (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 SAN ANTONIO CITY CMM 15 SX ONOR (District #) (Office) (Office) (District #) (Circuit #) (Group or Seat #) | |
| (Circuit #) (Group or Seat #) ; I am a qualified elector of MSCO COUNTY 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): 130356842 | |
| 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 (4/4) 889 3070 KOAMIC CAOL, COM Signature of Candidate Telephone Number Email Address | |
| 1200 DENAANIC ST SAN ANDONIO FC 33574 | |
| Address | State ZIP Code |
| STATE OF FLORIDA | |
| COUNTY OF | 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 OR physical presence | MARISSA N. MORALES \$ MY COMMISSION # HH275140 \$ |
| this 13 day of February, 2023. | EXPIRES: June 12, 2026 23 FEB 13 pm 3: |
| Personally Known 🕅 OR Produced Identification 🗌 | ENTERTORS OF |
| Type of Identification Produced: | _ |