RECEIVED

2020 JUN 1 1 PM 37 35

CANDIDATE OATH -	SUPERVISOR OF FLECTIONS
STATE AND LOCAL PARTISAN OFFICE	SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER
Check applicable one:	
andidate with party affiliation	
☐ Candidate with no party affiliation	
☐ Write-in candidate	OFFICE USE CNL /
Candidate Oath	
(Section 98 021(1)(a) Florida Statutes) (Print name above all you wish it to appear on the ballot. If your last name consists of two or more names by hashing hyphen, check box. (See page 2 - Compound Last Names). No change can be made after the end of 2.3 5, 13	
Although a write-in candidate's name is not printed on th	e ballot, the name must be printed above for care purposes.
am a candidate for the office of as	V COMMISSION. I LATE OF Growing
O	County Florida) am a qualifed elector
; my legal residence is (Group or Seal #)	County Forms 1 at 8 quait es e estat
under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified 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.	
	ont of Party
(Section 99.021(1)(b), Florida Statutes)	
(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate) I am a member of the Party; I have not been a registered member of any other political.	
Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party of which I am a member.	
Candidate's Florida Voter Registration Number (located on your voter information card): 10(e851855	
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 7-102 127 38	1-2166 moheratomostamos
Signature of Candidated Appendix Signature of Candidated Appendix O. Signature Number 2018 - Signature of Candidated Appendix On Signature	FL Email Address 33.108
Address City /	State ZIP Code
COUNTY OF Hillsborough	Signature of Notary Public Print, Type, or Stemp Commissioned Name of Notary Public below
Sworn to (or affirmed) and subscribed before me by D physical or	
X online presence this 11t day of June 20 20	Meltza Veras
Personally Known: or Produced Identification:X Type of Identification Produced: FL DRIVERS LICENSE	ACCITATE ACCITATE AMERICAN AMERIC

DS-DE 301SL (Rev. 04/20)

Rule 18-2.0001, F.A.C.