## CANDIDATE OATH SCHOOL BOARD NONPARTISAN OFFICE

Check box *only* if you are seeking to qualify as a write-in candidate:

Write-in candidate

RECEIVED

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SUPERVISOR OF LLECTIONS ELECTION SERVICE CENTER

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STREET STREET			
Candidate Oath			
	ion 99.021(1)(a) and 105.	031, Florida Statutes)	
I, Maria Di Fiore Solanki			,
(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 Pinellas Cou	nty School Board	<u> </u>
		(Office)	(District #)
(Circuit #) ; I am (Group or Seat #)	a qualified elector of	Pinellas	▼ 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.  Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.			
Candidate's Florida Voter Registration Number (located on your voter information card): 107278664			
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 Ulled Paur (1727) 9006838 maria@maria4students.com			
Signature of Candidate	Telephone Number		Email Address
PO Box - 20252	St Petersburg		33742
Address	City	State	ZIP Code
STATE OF FLORIDA		11.1	,
COUNTY OF PINELLAS		Signature of Notary Public Print, Type, or Stamp Commissioned	Name of Notary Public helow:
Sworn to (or affirmed) and subscribed before n	ne by means of	Time, Typo, or ottamp commissiones	TValle of Notary Lubile below.
•	presence X	WENDY GRI Notary Public - Stat	
this 10 day of June	, 20_ <del>2}</del>	Commission # GC OF RO My Comm. Expires J	3 279988
Personally Known OR Produced Ide	entification X	Bonded through National	
Type of Identification Produced:	DL		The said of