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

RECEIVEL

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SUPERVISOR COLLEGI IONS ELECTION SERVICE CENTER OFFICE USE ONLY

Candidate Oath
(Section 99.021(1)(a), Florida Statutes)
I, Joshua Garrett Main Josh MAIN ,
(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 Cost W ONS Commany Designed 4. (District #)
(District II)
(Circuit #) (Group or Seat #) I am a qualified elector of
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): 102 3 25 260
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 727 385-5835 JOSH VA 6MAIN QYCHOO.C
Signature of Candidate Telephone Number Email Address 1660 Gray Barn Dr Ods Mar FL 34677 State ZIP Code
Address Signature or Candidate Telephone Name FL 34677 Address City State ZIP Code
Address City State ZIP Code STATE OF FLORIDA Signature of Notary Public
Address Signature or Candidate Telephone Name FL 34677 Address City State ZIP Code
Signature of Notary Public Signature of Notary Public
STATE OF FLORIDA Signature of Notary Public Print, Type, or Stamb Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence WENDY GRIMES
STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this 4 day of 5 day of 5 day of 6
STATE OF FLORIDA Signature of Notary Public Print, Type, or Stamb Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence WENDY GRIMES Notary Public - State of Florida