CANDIDATE OATH SCHOOL BOARD 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 ELECTIONS ELECTION SERVICE CENTER OFFICE USE ONLY

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Candidate Oath					
Files Ad Low					
Name to appear on ballot: Eileen M. Lon	9				
Check box if two	last names without hyphen.	(Name cannot be cha	nnged after qualifying.)		
Check box if name includes nickname.	(For use of a nicknam	e, you must complete the N	lickname Affidavit on reverse s	side.)	
I swear or affirm that I am a candidate for the	office of Pinellas County School Board 4 (District #)				
4 d		(Office)	(Dist	trict #)	
l am a gualified elector of Pinellasi		County, Fl	orida; I am a qualified e	lector 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 C	Constitution of the State	e of Florida.			
			, the van man		
Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of					
Florida and of the United States of America, and being employed by or an officer of the court system 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.					
Ciatamani	of Outstanding	Fines Fees or Pe	nalties		
Statement of Outstanding Fines, Fees, or Penalties					
I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).					
	YES, I Do N	O, I Do Not X			
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.					
0: 1: 0					
Slan Moderna	(707) NEO 20 7 7	,	rlong1404@tampabay	rr com	
xwell // wing	(727) 953-2977		Email Address	7.11.00111	
Signature of Candidate 2019 Southpointe Dr.	Telephone Number Dunedin	FI.	34698		
Address of Legal Residence	City	State	ZIP Code	9	
		010	7/4		
STATE OF FLORIDA		Just Di	W/K		
COUNTY OF Youlas		Signature of Notary i	Public missioned Name of Notary Pu	blic below:	
Sworn to (or affirmed) and subscribed before n	ne by means of	1,700,01 200.00			
online notarization OR physical	presence 🔀		Gatt Dawn		
this 6th day of June	, 20 <u>24</u> .	Co	RAH RATHKE immission # HH 404804		
Personally Known OR Produced Ide	entification 🔀	Exp	oires May 31, 2027		
Type of Identification Produced:	DL	(Accessed to 1)			
Type of Identification Frontiers					
DS-DE 304SB (Eff. 10/2023)			Rule 15-2.0	0001, F.A.C.	

Phonetic Spelling of Name				
Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form): Ileen Long				
Statement of Outstanding Fines, Fees or Penalties				
Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.				
Amount		Entity		
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Affidavit of I	Nickname (Only require	ed if using nickname for the ballot.)		
My legal pame is Eileen M. Long		I am over the age of eighteen (18) and the	contents of this	
My legal name is Elleen W. Long affidavit are true and correct.				
of my legal name. I have not created the a political slogan or otherwise associate	e nickname to mislead voters. me with a cause or issue, or th		e used it as part rson, constitute	
Signature of Candidate:				
STATE OF FLORIDA				
COUNTY OF		Signature of Notary Public		
		Print, Type, or Stamp Commissioned Name of Not	ary Public below:	
Sworn to (or affirmed) and subscribed be				
of online notarization \(\square\) OR phys				
this day of	20			
Personally Known OR Produce	ed Identification			
Type of Identification Produced:				
		Daile 48 4	2 0004 E A C	
DS-DE 304SB (Eff. 10/2023)		Kule 15-7	2.0001, F.A.C.	