## **CANDIDATE OATH -SCHOOL BOARD NONPARTISAN OFFICE**

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

## RECEIVED

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SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER

Write-in candidate			
			OFFICE USE ONLY
Car	ndidate Oath		
(Sections 99.021(1)	)(a) and 105.031, Florida Statut	tes)	
1, Lorena Grizzle	,		
(Print name above as you wish it to appear on the hyphen, check box ☐. (See page 2 - Compound Although a write-in candidate's name is not printed o	Last Names). No change	can be made after the	end of qualifying.
am a candidate for the nonpartisan office of 5ch	ool Board n	nember.	6,
	(Office)		(District #)
; I am a qualified e	elector of Pine	ellas	County, Florida;
(Circuit #) (Group or Seat #)			
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 Florida and of the United States of America, and being funds as such employee or officer, do hereby solemnly sand of the State of Florida.	employed by or an officer of	the school board and a	recipient of public
Candidate's Florida Voter Registration Number (locate	d on your voter information car	d): 10736°	7920
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.]  Lo-Ree-na GRIZZ-LE			
Signature of Candidate  Telephone Numb	of the for	Grizzleforp Email Address	inellase gmail
P.O. Box 700, Largo	FL	33	779
Address	State	ZI	P Code
CTATE OF ELODIDA	Manda	<u> </u>	
STATE OF FLORIDA Signature of Notary Public			
COUNTY OF Pinellas	Print, Type, or Stamp C	Commissioned Name of Notar	y Public below:
Sworn to (or affirmed) and subscribed before me this aday of, 20_1\frac{1}{2}.  Personally Known: or Produced Identification:  Type of Identification Produced:		Wendy Grimes NOTARY PUBLIC STATE OF FLORIDA Camm# FF192653 Expires 1/26/2019	