

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

SUPERVISOR OF ELECTIONS
SARASOTA COUNTY

2024 JUN 10 PM 12:30

FILED IN RECORD
SARASOTA FLORIDA

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: ELIO BUCCIERO

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of Woodland's CDD, - (District #)
-, Seat 4; I am a qualified elector of Sarasota County, Florida.
(Circuit #) (Group or Seat #)

I am a qualified elector 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.

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 ☐ NO, I Do Not ☒

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] (203) 215-2745 ELIOBUCCIERO@SBCGLOBAL.NET
Signature of Candidate Telephone Number Email Address
2546 ARUGULA DRIVE NORTH PORT FLORIDA 34289
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Sarasota

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒

this 19th day of April, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: Florida DL

Whitney L. Reckart
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



WHITNEY L. RECKART
Commission # HH 454355
Expires October 15, 2027