CANDIDATE OATH
SCHOOL BOARD NONPARTISAN OFFICE

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

☐ Write-in candidate

SUPERVISOR OF ELECTIONS
SARASOTA COUNTY FLORIDA

2022 JUN 13 PM 12:07

FILED FOR RECORD
SARASOTA COUNTY

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a) and 105.031, Florida Statutes)

I, TIMOTHY ENOS ,

(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 Sarasota County School Board (Office), 5 (District #),

_____ (Circuit #), _____ (Group or Seat #); I am a qualified elector of Sarasota 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): 100227402

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 _____
Signature of Candidate

(941) 894-5167
Telephone Number

ramsbaseball@live.com
Email Address

12550 Ghiberti Circle Unit 101
Address

Venice
City

FL
State

34293
ZIP Code

STATE OF FLORIDA

COUNTY OF Sarasota

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

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ *OR* physical presence ☒

this 8 day of June, 2022.

Personally Known ☐ *OR* Produced Identification ☒

Type of Identification Produced: FLDL [redacted]

NOTARY PUBLIC

SCOTT M. MCGARRY
Notary Public, State of Florida
Commission# HH 264698
My comm. expires May 13, 2026