| CANDIDATE OATH - | | |
|--|---|--|
| NONPARTISAN OFFICE | ŀ | |
| (Do not use this form if a Judicial or School Board Candidate) | İ | |
| Check box only if you are seeking to qualify as a write-in candidate: | | |
| ☐ Write-in candidate | | CITY OF EDGEWATER RECEI OFFICE USE ONL Y |
| Candidate Oath (Section 99.021(1)(a), Florida Statutes) I, | | |
| ; I am a qualified elector of | Volusia | · |
| (Circuit #) (Group or Seat #) County, Florida; | | |
| 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): 1 08 768668 | | |
| of the second of | ar voter shormator card). | |
| 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 (384) 426 65 Signature of Candidate Telephone Number | 85 po | wersgiegingilon |
| 406 N. R. Wuside Dr Edgewati | , | Email Address |
| Address City | State | 3213 <u>Z</u> |
| STATE OF FLORIDA | Papidos | Tubick |
| COUNTY OF VOLUSIO | Signature of Notary Public Print, Type, or Stamp Commissione | |
| Sworn to (or affirmed) and subscribed before me this 14. lay of 20 6. Personally Known: or Produced Identification: | Commiss Expires | MATUSICK skon # GG 086631 May 1, 2021 ru Troy Fain Insurance 800-385-7019 |
| | | |