CANDIDATE OATH – SCHOOL BOARD NONPARTISAN OFFICE

.AM 7718 AN 9:58

| NONPARTISAN O | FFICE | Į. L. M. | |
|---|---|---|--|
| Check box only if you are seeki write-in candidate: | ng to qualify as a | | |
| ☐ Write-in candidate | | | |
| | | | OFFICE USE ONLY |
| | | late Oath id 105.031, Florida Statutes) | |
| I, Stan Schmidt | (00000000000000000000000000000000000000 | ia (obioo), (londa olalatos) | |
| (Print name above as you wish it hyphen, check box ☐. (See pag | ie 2 - Compound Last | t. If your last name consists of two Names). No change can be made ballot, the name must be printed a | after the end of qualifying. |
| am a candidate for the nonpartisan offi | ce of Volusia Coun | ity School Board | District 3 |
| | | (Office) | (District #) |
| ,; | I am a qualified elector | of Volusia | County, Florida; |
| (Circuit #) (Group or Seat #) | | | |
| I am qualified under the Constitution as have qualified for no other public office I seek; and I have resigned from any o and I will support the Constitution of the | in the state, the term of | of which office or any part thereof ru required to resign pursuant to Secti | ins concurrent with the office ion 99.012, Florida Statutes; |
| Section 876.05, Florida Statutes, oat Florida and of the United States of Amefunds as such employee or officer, do land of the State of Florida. | erica, and being emplo | yed by or an officer of the school bo | pard and a recipient of public |
| Candidate's Florida Voter Registration Number (located on your voter information card): 108704836 | | | |
| Phonetic spelling for audio ballot: Pr ballot as may be used by persons with di | | | |
| x San Sehmidt | (₃₈₆) ₄₀₅₋₃₅₇₄ | stanforschoolboard@gmail.com | |
| Signature of Candidate | Telephone Number | Email Address | |
| 5574 Trail Side Drive | Port Orange | FL | 32127 |
| Address | City | State | ZIP Code |
| STATE OF ELODIDA | | - Sullo | w |

STATE OF FLORIDA

COUNTY OF VOL

Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me this 2 1 day of ______, 20 / \$\frac{1}{\sqrt{20}}.

Personally Known: _____ or Produced Identification: _____

Type of Identification Produced:



LISAG. WHITE Commission #FF 975331 Expires July 25, 2020

Bonded Thru Troy Fain Insurance 800-385-7019