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:



OFFICE USE ONLY

Write-in candidate

Candida I, CAT) A		,
(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	(Qffice) (District #)	- '
(Circuit #) , (Group or Seat #); I am a qualified elector of	VowsiA County, Florid	da;
I am qualified under the Constitution and the Laws of Florida to	hold the office to which I desire to be nominated or elected	d; 1
have qualified for no other public office in the state, the term of	which office or any part thereof runs concurrent with the offi	ice
I seek; and I have resigned from any office from which I am re		es;
and I will support the Constitution of the United States and the C	onstitution of the State of Florida.	
Candidate's Florida Voter Registration Number (located on your voter information 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.]		
ballot as may be used by persons with disabilities (see instruction		
Darthood 757 831	on page 2 of this form): [Not applicable to write-in candidates - 1100 KAT. ATWOOD. ZOZZ & 9mi	
Signature of Candidate Telephone Number	s on page 2 of this form): [Not applicable to write-in candidates	
Signature of Candidate Telephone Number ST2 Sugar Grove Ct. Port Ovange	- 1100 KAT. ATWOOD. ZOZZ Egmin Email Address	
Signature of Candidate Telephone Number Society Address Total Overlands City	State St	
Signature of Candidate Signature of Candidate Telephone Number Society State of Florida	Signature of Notary Public	
Signature of Candidate Signature of Candidate Telephone Number Society State of Florida County of Yourgan	State St	
Signature of Candidate Signature of Candidate Telephone Number Society State of Florida County of Sworn to (or affirmed) and subscribed before me by means of	State State State Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:	
Signature of Candidate Signature of Candidate Telephone Number Society State of Florida County of Yourgan	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: ROBIN L FENWICK Commission # GG 345130 Expires August 26, 2023	
Signature of Candidate Telephone Number County Or County County Of Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public BOBINL FENWICK Commission # GG 345130	