## CANDIDATE OATH SCHOOL BOARD NONPARTISAN OFFICE

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

Write-in candidate

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Write-in candidate	OFFICE USE ONLY
Candidate	
(Section 99.021(1)(a) and 105	.031, Florida Statutes)
hyphen, check box (see page 2 - Compound Last Nai	f your last name consists of two or more names but has no mes). No change can be made after the end of qualifying.
Although a write-in candidate's name is not printed on the ba	
am a candidate for the nonpartisan office ofSchool	1 Board ,, (District #)
(Circuit #) , (Group or Seat #) ; I am a qualified elector of	Volusia 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 s States and of the State of Florida.	wear or affirm that I will support the Constitution of the United
Candidate's Florida Voter Registration Number (located on your voter information card): 115721901	
<b>Phonetic spelling for audio ballot</b> : 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 fulsa Carrell (376) 747- Signature of Candidate Telephone Number  3219 Clear Springs Trail De Land  Address City	Email Address Com
STATE OF FLORIDA  COUNTY OF 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 \( \sum_{OR} \) physical presence \( \sum_{OR} \) this \( \sum_{OR} \) Personally Known \( \sum_{OR} \) Produced Identification \( \sum_{OR} \)	GINGER HADLEY  Notary Public - State of Florida  Commission # HH 268490  My Comm. Expires May 26, 2026  Bonded through National Notary Assn.