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:

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JUN 1 3 2022

BY CITY CLERK

Write-in candidate		OFFICE USE ONLY
Candidate Oath (Section 99.021(1)(a), Florida Statutes)		
(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 Commission	Oner (Office)	Zone 2 (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.		
Candidate's Florida Voter Registration Number (located on your voter information card): 18345400		
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 (512) 585-1	864 conct	ikey83@yahoo.com
Signature of Candidate PO Box 2343 Telephone Number New Smyrna	a Beach FL	Email Address 32170
Address City	State	ZIP Code
STATE OF FLORIDA COUNTY OF Volusia	Signature of Notary Publ Print, Type, or Stamp Commission	
Sworn to (or affirmed) and subscribed before me by means of online notarization \(\begin{align*} OR \\ \text{physical presence} \end{align*} \) this \(\begin{align*} \frac{13 \text{Th}}{12 \text{Th}} \\ \text{day of} \(\begin{align*} \frac{12 \text{Th}}{12 \text{Th}} \\ \text{OR} \\ \end{align*} \] Personally Known \(\begin{align*} OR \\ \end{align*} \end{align*} \text{Produced Identification} \(\begin{align*} \frac{12 \text{Th}}{12 \text{Th}} \\ \text{Description} \\ \text{Type of Identification Produced:} \end{align*}	Notary Public S Kelly McQuille My Commission Expires 04/12/2	en n GG 977126