CANDIDATE OATH NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)

Check box <i>only</i> if you are seeking to qualify as a write-in candidate:	JUN 13'22 PM12:02
☐ Write-in candidate	
Candid	late Oath
)(a), Florida Statutes)
I,BRANDY WHITE	
(Print name above as you wish it to appear on the ballot. hyphen, check box [] (see page 2 - Compound Last Na Although a write-in candidate's name is not printed on the b	If your last name consists of two or more names but has no ames). No change can be made after the end of qualifying. allot, the name must be printed above for oath purposes.)
am a candidate for the nonpartisan office of	TY COMMISSION 1
	(Office) (District #)
(Circuit #) ; I am a qualified elector of (Group or Seat #)	VOLUSIA County, Florida;
I am qualified under the Constitution and the Laws of Florida to have qualified for no other public office in the state, the term of I seek; and I have resigned from any office from which I am reand I will support the Constitution of the United States and the Constitution of the Un	to hold the office to which I desire to be nominated or elected; of which office or any part thereof runs concurrent with the office required to resign pursuant to Section 99.012, Florida Statutes; Constitution of the State of Florida.
Candidate's Florida Voter Registration Number (located on yo	
Phonetic spelling for audio ballot: Print name phonetically of ballot as may be used by persons with disabilities (see instruction BRAN-DEE WIET	n the line below as you wish it to be pronounced on the audions on page 2 of this form): [Not applicable to write-in candidates.]
X Bury (386) 479-2707	BRANDYWHITEDELTONADISTRICT1@GMAIL.COM
Signature of Candidate Telephone Number 2926 CHALMER ST	Email Address
DELTONA	FL 32738
Address City	State ZIP Code
STATE OF FLORIDA	Donatore
COUNTY OF Volusia	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 \(\begin{align*} OR & \text{physical presence} \\ \text{this } \(\begin{align*} \left(\text{day of } \begin{align*} \left(\text{Personally Known} \end{align*} \) OR Produced Identification \(\begin{align*} \left(\text{Type of Identification Produced:} \end{align*}	SARA GLASS MY COMMISSION # HH 237794 EXPIRES: Merch 9, 2026