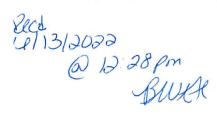
CANDIDATE OATH NONPARTISAN OFFICE

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

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



Candidate Oath		
(Section 99.021(1)(a), Florida Statutes)		
ompound Last Name	s). No change can be made afte	ter the end of qualifying.
am a candidate for the nonpartisan office of Councilmember Seat 3		
	(Office)	(District #)
ualified elector of \underline{V}	olusia	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): 108674147		
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.]		
Lee-sa L. Oh- Neil		
(386) 852-5747 Telephone Number	llc8245@gmail.com Email Address	
South Daytona	Florida	32119
City	State	ZIP Code
	Signature of Notary Public Print, Type, or Stamp Commissioned Nam	ne of Notary Public below:
by means of esence	REBECCA WITTE Commission # HH 102826 Expires April 14, 2025 Bonded Thru Troy Fain Insurance	800-385-7019
	ear on the ballot. If you ompound Last Name of printed on the ballot. Councilmem qualified elector of Vo. Laws of Florida to he estate, the term of which I am required States and the Consumber (located on your value) (386) 852-574. Telephone Number South Daytona City by means of esence Councilmem (300) 2000-2000 Councilmem (100) 2000 Councilmem (100) 2	ear on the ballot. If your last name consists of two or compound Last Names). No change can be made after the printed on the ballot, the name must be printed above. Councilmember Seat 3 (Office) qualified elector of Volusia Laws of Florida to hold the office to which I desire to be state, the term of which office or any part thereof runsers of the state and the Constitution of the State of Florida. Imber (located on your voter information card): 108674 Interpretation of the state of Florida and phonetically on the line below as you wish it to be sties (see instructions on page 2 of this form): [Not application of the state of Florida and phonetically on the line below as you wish it to be sties (see instructions on page 2 of this form): [Not application of the state of Florida and phonetically on the line below as you wish it to be sties (see instructions on page 2 of this form): [Not application of the state of Florida and phonetically on the line below as you wish it to be sties (see instructions on page 2 of this form): [Not application of the state of Florida and phonetically on the line below as you wish it to be sties (see instructions on page 2 of this form): [Not application of the state of Florida and phonetically on the line below as you wish it to be sties (see instructions on page 2 of this form): [Not application of the state of Florida and phonetically on the line below as you wish it to be sties (see instructions on page 2 of this form): [Not application of the state of Florida and phonetically on the line below as you wish it to be state of Florida and phonetically on the line below as you wish it to be state of Florida and phonetically on the line below as you wish it to be state of Florida and phonetically on the line below as you wish it to be state of Florida and phonetically on the line below as you wish it to be state of Florida and phonetically on the line below as you wish it to be state of Florida and phonetically on the line below as you wish it to be state of Florida and phoneti