

**CANDIDATE OATH**  
**SCHOOL BOARD NONPARTISAN OFFICE**

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

☐ Write-in candidate

VOL SUP OF ELECTIONS  
JUN 16 '22 PM12:08

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a) and 105.031, Florida Statutes)

I, Albert L. Spina,

(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 School Board, 1

(Office)

(District #)

; I am a qualified elector of Volusia County, Florida;  
(Circuit #) (Group or Seat #)

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 swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**Candidate's Florida Voter Registration Number** (located on your voter information card): 108401701

**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

Albert L. Spina 386 717-5590 albert.spina@cfll.com  
Signature of Candidate Telephone Number Email Address  
P.O. Box 922 DeLand Fla. 32721  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me by means of  
online notarization ☐ OR physical presence ☒  
this 16th day of June, 2022.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_

Karen Kristen Spina  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

