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:	RECEIVED JUN 1 1 2024			
Write-in candidate	OFFICE USE ONL			
Candidate Oath				
Name to appear on ballot: Barbara	Bonamigo			
Check box if two last names without hy	phen. (Name cannot be changed after qualifying.)			
Check box if name includes nickname. (For use of a nic	ckname, you must complete the Nickname Affidavit on reverse side.)			
I swear or affirm that I am a candidate for the nonpartisan office of	of Ormand Beach City Commissioner (District #)			
(Circuit #) (Group or Seat #); I am a qualified elect	tor of VUIUDIU County, Florid			
have qualified for no other public office in the state, the term of wh	Florida to hold the office to which I desire to be nominated or elected; I nich office or any part thereof runs concurrent with the office I seek; and I gn pursuant to Section 99.012, Florida Statutes; and I will support the of Florida.			
Statement of Outstandi	ng Fines, Fees, or Penalties			
I owe outstanding fines, fees, or penalties, that cumulatively exceed	ed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).			
YES, I Do	NO, I Do Not			
If you do, you must also specify the amount owed and each el	ntity that levied the same on the reverse side.			
Signature of Candidate Address of Legal Residence S80 33 Telephone Numb City	84-0003 Julestim agol. com er Beach Florida 32174 State ZIP Code			
STATE OF FLORIDA	Sitruder)			
COUNTY OF VOLUSION	Signature of Notary Public			
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of Notary Public below:			
online notarization OR physical presence	SUSAN CARROLL DAUDERIS			
this 1 day of June, 2024	Notary Public			
Personally Known OR Produced Identification Comm# HH200073				

Comm# HH200073 Expires 11/17/2025

DS-DE 302NP (Eff. 10/2023)

Type of Identification Produced:

Rule 1S-2.0001, F.A.C.

	Phonetic Spell	ling of Name	
Phonetic spelling for the audio ballot (wish it to be pronounced on the audio bal BARAR - BRU	not required for qualifying pullot as may be used by perso	urposes): Print the namons with disabilities (see	e phonetically on the line below as you instructions on page 3 of this form):
Stateme	ent of Outstanding	Fines, Fees or F	Penalties
candidate, shall, at the time of subscribing or penalties that cumulatively exceed \$25	g to the oath or affirmation, s i0 for any violations of s. 8, A	state in writing whether h .rt. II of the State Constit	didate with no party affiliation, or a write-in ne or she owes any outstanding fines, fees, ution, the Code of Ethics for Public Officers of conduct and disclosure requirements, or
Amount		Entity	
Affidavit of	Nickname (Only requi	red if using nicknam	ne for the ballot.)
		and the second s	·
My legal name isaffidavit are true and correct.		I am over the ac	ge of eighteen (18) and the contents of this
anidavit are true and correct.			
My nickname is of my legal name. I have not created the a political slogan or otherwise associate r	e nickname to mislead voters	s. My nickname does no	wn by this nickname or have used it as part it imply I am some other person, constitute ine.
Signature of Candidate:			
STATE OF FLORIDA .			
COUNTY OF Volusia		Signature of No.	otary Public np Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed be	fore me by means	i init, Type, or otali	Commissioned Harris of Hotaly 1 abile below.
of online notarization OR phys	sical presence		
this 11 day of Vune	11 , 20 24	2018146	SUSAN CARROLL DAUDERIS
Personally Known OR Produced Identification State of Florida Comm# HH200073		State of Florida	
Type of Identification Produced:		2.WEL 121/2	Expires 11/17/2025

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Rule 1S-2.0001, F.A.C.