CANDIDATE OATH -SCHOOL BOARD NONPARTISAN OFFICE

SUPERVISOR OF ELECTIONS 6495 CAROLINE ST., STE. F MILTON, FL 32570-4592

2014 JUN 16 PM 12 00

OATH OF CANDIDATE
OATH OF CANDIDATE (Sections 99.021 and 105.031, Florida Statutes)
I, Scott PEDEN
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan office of CALTA ROCA CALTA SALE ROLL OF THE SALE ROLL OF
(office) (district #)
am a candidate for the nonpartisan office of Santa Rosa Cours School Bones, District 5, (district #) (circuit #) (group or seat #) (continuit #) (group or seat #)
I am qualified under the Constitution and the Laws of Storida to be the
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.
X (850) 934-0701 SCOTIFEDER Q MEDITION BB. NET Signature of Candidate Telephone Number Email Address
Signature of Candidate Telephone Number Email Address
32563 Address City State ZIP Code
Candidate's Florida Voter Registration Number (located on your voter information card): <u>10つで807/</u> 4
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
with disabilities (see instructions on page 2 of this form): Scott Perper
STATE OF FLORIDA
COUNTY OF Santa Rosa
Sworn to (or affirmed) and subscribed before me this
Personally Known:or STATE OF FLORIDA
Produced Identification: Commit FF044580 Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced: FCTD