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:

☐ Write-in candidate

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2023 AUG 14 AM 10: 25

OFFICE USE ONLY

Candidate Oath

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

I, HONEY MINUSE,

(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 CITY OF VERO BEACH COUNCIL MEMBER (Office) _____ (District #),

_____ (Circuit #), _____ (Group or Seat #); I am a qualified elector of INDIAN RIVER 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): 104618237

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.]*

MIN - OOSÉ

X [signature] (772) 559-5584 sisustarfish@aol.com

Signature of Candidate | Telephone Number | Email Address

600 ROYAL PALM BLVD #3B, VERO BEACH, FL 32960

Address | City | State | ZIP Code

STATE OF FLORIDA

COUNTY OF Indian River

Sworn to (or affirmed) and subscribed before me by means of online notarization ☐ *OR* physical presence ☒

this 14th day of August, 2023

Personally Known ☒ *OR* Produced Identification ☐

Type of Identification Produced: _____

Tammy K. Bursick

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

TAMMY K. BURSICK
MY COMMISSION # GG 950536
EXPIRES: May 6, 2024
Bonded Thru Notary Public Underwriters