CANDIDATE OATH – NONPARTISAN OFFICE	RECEIVED

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

RECEIVED

2020 DEC 10 PM 4: 28

CITY OF BOCA RATON
CITY CLERK'S OFFICE

OFFICE USE ONLY

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

I, __Josie Machovec__

(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 Council__ , _____ ,
(Office)   (District #)

_____ , __C__ ; I am a qualified elector of __Palm Beach__ 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.

Candidate's Florida Voter Registration Number (located on your voter information card): __111926974__

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.]*
__MA – K – O – VEK   JO – SEE__

X __Josie Machovec__ (561) 809-7423 __jrbmack@gmail.com__
Signature of Candidate   Telephone Number   Email Address

__503 W. Conference Dr. Boca Raton, FL 33486__
Address   City   State   ZIP Code

STATE OF FLORIDA

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

COUNTY OF __Palm Beach__

Sworn to (or affirmed) and subscribed before me this __10th__
day of __December__ , 20 __20__ .

Personally Known: _____ or Produced Identification: __✓__

Type of Identification Produced: __FL Driver's license__

MARY SIDDONS
Commission # HH 033793
Expires October 11, 2024
Bonded Thru Troy Fain Insurance 800-385-7019

DS-DE 302NP (Rev. 11/17)   Rule 1S-2.0001, F.A.C.