CANDIDATE OATH NONPARTISAN OFFICE LEE MEMORIAL HEALTH SYSTEM LEE COUNTY TRAUMA SERVICES BOARD OF DIRECTORS

(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

OFFICE USE ONLY

Lee Memorial Health System candidates must use this Candidate Oath to qualify for office.

CANDIDATE OATH					
(Sections 9	99.021, 105.031, 876.05-876.10, Florida S	tatutes; Laws of Florida 2000-439)			
Name to appear on ballot:					
Check box	if two last names without hyphen.] (Name cannot be changed	l after qualifying.)		
Check box if name includes nickname.	(For use of a nickname, you	must complete the Nickname A	Affidavit on reverse side.)		
I swear or affirm that I am a candidate for the nonpartisan office of	LEE MEMORIAL HEALTH SYSTEM				
I am a qualified elector under the Constitution oother public office in the state, the term from which I am required to resign pursu Constitution of the State of Florida.	of which office or any part thereof runs co	ice to which I desire to be nominated oncurrent with the office I seek; and I	have resigned from any office		
I am a qualified elector of Lee County, Flo Directors. I am a legal resident of Lee Cou the United States of America; I have not vio	nty, Florida and of the county health syst	em district in Lee County to which I s	eek election. I am a citizen of		
Section 876.05, Florida Statutes, oath (c United States of America, and being employ and a recipient of public funds as such em and of the State of Florida.	yed by or an officer of the Lee Memorial I	lealth System and Lee County Traun	na Services Board of Directors		
I owe outstanding fines, fees, or penalti	YES, I Do NO, I	or ethics or campaign finance viola			
X	()				
Signature of Candidate	Telephone Number	Email A	ddress		
Address of Legal Residence STATE OF FLORIDA	City	State	ZIP Code		
COUNTY OF	Print, T	ure of Notary Public /pe, or Stamp Commissioned Name c	of Notary Public below:		
Sworn to (or affirmed) and subscribed by	<u> </u>				
	physical presence				
thisday of					
Personally Known OR Prod	duced Identification				
Type of Identification Produced:					
Lee Memorial Health System (Modified by	Lee County SOE, FL 10/2023 based or	DS-DE 302NP	Rule 1S-2.0001, F.A.C.		

	Phonetic Spe	eiling of Name			
Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):					
Statement of Outstanding Fines, Fees or Penalties					
Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.					
Amount		Entity			
Affidavit of	Nickname (Only req	uired if using nickname for the ballot.)			
My legal name isaffidavit are true and correct.		I am over the age of eighteen (18) and the contents of this			
My nickname is I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.					
Signature of Candidate:					
STATE OF FLORIDA					
COUNTY OF					
Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this day of, 20 Personally Known OR Produced Identification		Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:			
Type of Identification Produced:					
DS-DE 302NP (Eff. 10/2023)		Rule 1S-2.0001, F.A.C.			

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Guide for Designating Phonetic Spelling of Candidate's Name for Audio Ballot

- 1. Use the tables below.
- 2. Use upper case for "stressed" syllables. Use lowercase for "unstressed" syllables.
- 3. Use dashes (-) to separate syllables.
- 4. Add any notes such as rhyming examples, silent letters, etc.

		Vowels			
Stressed V	owel Sounds	Unstresse	Unstressed Vowel Sounds		
EE	(FEET) feet	uh	(SO-fuh) sofa (FING-guhr) finger		
1	(FIT) fit				
E	(BED) bed				
Α	(KAT) cat (KAD) cad				
AH	(FAH-thur) father (PAHR) par				
AH	(HAHT) hot (TAH-dee) toddy				
UH	(FUHJ) fudge (FLUHD) flood				
UH	(CHUHRCH) church				
AW	(FAWN) fawn	Certain Vo	Certain Vowel Sounds with R		
U	(FUL) full	AHR	(PAHR) par		
00	(FOOD) food	ER	(PER) pair		
OU	(FOUND) found	IR	(PIR) peer		
0	(FO) foe	OR	(POR) pour		
EI	(FEIT) fight	OOR	(POOR) poor		
Al	(FAIT) fate	UHR	(PUHR) purr		
OI	(FOIL) foil				
YOO	(FYOOR-ee-uhs) f <i>ur</i> ious				
	,				
		Consonants			
В	(BED) bed	R	(RED) red		
D	(DET) debt	S	(SET) set		
F	(FED) fed	Т	(TEN) ten		
G	(GET) get	V	(VET) vet		
Н	(HED) head	Υ	(YET) yet		
HW	(WHICH) which	W	(WICH) witch		
J	(JUHG) jug	СН	(CHUCRCH) <i>ch</i> urch		
K	(KAD) cad	SH	(SHEEP) sheep		
L	(LAIM) lame	TS	(ITS) its (PITS-feeld) Pittsfield		
М	(MAT) mat	TH	(THEI) thigh		
N	(NET) net	TH	(THEI) thy		
NG	(SING-uhr) singer	ZH	(A-zhuhr) azure (VI-zhuhn) vision		
Р	(PET) pet	Z	(GOODZ) goods(HUH-buhz-tuhn)		
			Hubbardston		
		Diametric II C	Had Name		
NABAT CO		Phonetically Spe			
NAME ON BALLOT		l l	PRONOUNCED AS		
Mishaud			mee-SHO ('d' is silent)		
Jahn			HAHN (rhyme: fawn)		
Beauprez			boo-PRAI (rhyme: hooray)		
Maniscalco			man-uh-SKAL-ko		
Tangipahoa			TAN-ji-pah-HO-uh		
Monte			Mahn-TAI		
Tanya TAWN-yuh (not TAN)					

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