CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION





	OFFICE USE ONLY	
Candidate Oath		
Name to appear on ballot:Bill Kinsaul		
Check box if two last names without hypher	n. (Name cannot be changed after qualifying.)	
Check box if name includes nickname. 📕 🛮 (For use of a nickna	nme, you must complete the Nickname Affidavit on reverse side.)	
I swear or affirm that I am a candidate for the office of Clerk of C	Court	
	(Onice) (District #)	
,; I am a qualified elector of (Circuit #) (Group or Seat #)	Bay County, Florida;	
I am a qualified elector under the Constitution and the Laws of Flor have qualified for no other public office in the state, the term of which of have resigned from any office from which I am required to resign p Constitution of the United States and the Constitution of the State of F	office or any part thereof runs concurrent with the office I seek; and I oursuant to Section 99.012, Florida Statutes; and I will support the	
Statement of Party		
I swear or affirm that I am a member of the Republican party, for which I am seeking nomination as a candidate, for 365 days which I seek to qualify; and I have paid the assessment levied agains party.		
Statement of Outstanding	Fines, Fees, or Penalties	
I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).		
YES, I Do	NO. I Do Not X	
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.		
X (850)381-363 Signature of Candidate Telephone Number 2402 W Beach Dr Panama City Address of Legal Residence City	1 wdkinsaul@gmail.com Email Address FL 32401 State 2 ZIP Code	
STATE OF FLORIDA	State ZIP Code	
COUNTY OF Bay	Signature of Notary Public Print, Type or Stamp Commissioned Name of Notary Public below:	
Sworn to (or affirmed) and subscribed before me by means of		
this	JAVINA WARD MY COMMISSION #HH400995 EXPIRES: July 31, 2027	
DS-DE 301A (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.	

Phonetic Spelling 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):			
Stateme	ent of Outstanding Fir	nes, Fees or Penalties	
candidate, shall, at the time of subscribing or penalties that cumulatively exceed \$25	g to the oath or affirmation, state 0 for any violations of s. 8, Art. II	by candidate, a candidate with no party affiliation, or a write-in in writing whether he or she owes any outstanding fines, fees, of the State Constitution, the Code of Ethics for Public Officers overning standards of conduct and disclosure requirements, or	
Amount		Entity	
Affidavit of Nickname (Only required if using nickname for the ballot.)			
My legal name is William D Kinsa	aul	I am over the age of eighteen (18) and the contents of this	
affidavit are true and correct.			
My nickname is Bill		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 BOW		Signature of Notary Public	
Sworn to (or affirmed) and subscribed bef	ore me by means/	Print, Type, or Stamp Commissioned Name of Notary Public below:	
of online notarization OR physical presence			
this Moday of will 2021.			
Personally Known OR Produced Identification MY COMMISSION # HH400995			
Type of Identification Produced: EXPIRES: July 31, 2027			
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Rule 1S-2.0001, F.A.C.

DS-DE 301A (Eff. 10/2023)