CANDIDATE OATH
SCHOOL BOARD OFFICE

Check box ***only*** if you are seeking to qualify as a write-in candidate:

☐ Write-in Candidate

BAY COUNTY SOE 34

BAY COUNTY SOE 23

Received

MAY 27 2026

Supervisor of Elections
Bay County, FL

Name to appear on ballot: John Haley

☐ Check box if there are two last names without hyphen. (Name cannot be changed after qualifying.)

☐ Check box if name includes nickname. (To use nickname, you must complete the Affidavit of Nickname on page 2 of this form.)

I swear or affirm that I am a candidate for the office of School Board, *(Office)*

District 3 *(District #)*; I am a qualified elector of Bay **County**, Florida;

I am a qualified elector 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 (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system 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.

I swear or affirm, in addition to being a citizen of the United States, that: *(Check applicable box.)*

☒ **I am not** a citizen of another country. ☐ **I am** a citizen of another country, specifically _____.

Statement of Legal Name Change: I have not legally changed my name through a petition pursuant to s. 68.07, F.S., during the 365-day period preceding the beginning of qualifying. (This does not apply to any change of name in proceedings for dissolution of marriage or adoption of children or based on a change of name conducted with a marriage certificate.)

Statement of Outstanding Fines, Fees, or Penalties: *(Check applicable box. If you do owe more than $250, you must also specify the amount owed and each entity that levied the same on page 2 of this form.)*

I do not ☒ / **I do** ☐ owe 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. (s. 99.021(1)(d), F.S.)

Signature of Candidate	(850) 628-8284 Telephone Number	Dochomes1947@gmail.com Email Address

601 Cactus Avenue	Panama City	Florida	32401
Address of Legal Residence	City	State	ZIP Code

STATE OF FLORIDA

COUNTY OF Bay

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ *OR* physical presence ☑

this 27th day of May, 2026.

Type of Identification Produced: FL DL

Chelsea R Hitt

Signature of Officer Administering Oath

Affix Seal Below or, if judge, provide name, title, and court (s. 92.50, F.S.)

NOTARY PUBLIC STATE OF FLORIDA
CHELSEA R. HITT
MY COMMISSION # HH 805094
EXPIRES: June 10, 2030

Phonetic Spelling of Name
(Not required for qualifying)

Print the name phonetically on the line below as you wish your name to be pronounced on the audio ballot that may be used by persons with disabilities (see attached Guide for Phonetic Spelling).

_____

Detailed Statement of Outstanding Fines, Fees, or Penalties
(Continued)

Amount	***Entity***

Affidavit of Nickname
(Only required if using nickname for the ballot)

My legal name is _____. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

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____.

Type of Identification Produced: _____

_____

Signature of Officer Administering Oath
Affix Seal Below or, if judge, provide name, title, and court (s. 92.50, F.S.)