CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

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



			OFFICE USE ONLY
Candidate Oath			
Name to appear on ballot:	Runson		
Check box if two last names without hyphen. (Name cannot be changed after qualifying.)			
Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)			
I swear or affirm that I am a candidate for the or	ffice ofCounty_	Commissione	.5 , <u>5</u> , (District #)
; lan			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.			
Statement of Party			
I swear or affirm that I am a member of the Republican Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political 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.).			
Y	ES, I Do NO	O, I Do Not	
If you do, you must also specify the amount o	wed and each entity t	hat levied the same on the r	everse side.
x / Lm M	(352) 436-70	75	ints. Losse. @Canal 5 m
Signature of Candidate	Telephone Number		Email Address
135 SCHEBORO ME	LCCONTO	FL	34461
Address of Legal Residence	City	State	ZIP Code
STATE OF FLORIDA		Anudra 1.	Mi
COUNTY OF CITY US		Signature of Notary Publ Print Type, or Stamp Commiss	lic sioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by means of			
	resence	SA SA	INDRA J HIAR
this 6 day of June	_, 20 <u>_24</u> .	Notary Pt	iblic, State Of Florida
Personally Known OR Produced Iden	tification	My Commiss	sion No. HH 412990 sion Expires: 6/20/2027
Type of Identification Produced:			

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):			
U-E-5-EC R-Um-5-OW			
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 required if using nickname for the ballot.)			
1 0 1			
My legal name is			
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			
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 online notarization OR physical presence			
this day of, 20			
Personally Known OR Produced Identification			
Type of Identification Produced:			
DS-DE 301A (Eff. 10/2023) Rule 1S-2.0001, F.A.C.			