CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION



			OFFICE USE ONLY
	Candidat		
Name to appear on ballot: Curti	ss "CJ" Br	yant	
Check box if two	o last names without hyphen.	(Name cannot be changed	after qualifying.)
Check box if name includes nickname.	(For use of a nicknam	e, you must complete the Nickna	me Affidavit on reverse side.)
I swear or affirm that I am a candidate for th	a office of Count	y Commission	
			(District #)
(Circuit #) (Group or Seat #)	am a qualified elector of _	Citrus	County, Florida;
I am a qualified elector under the Constitut have qualified for no other public office in the have resigned from any office from which I Constitution of the United States and the Con	state, the term of which of am required to resign put	fice or any part thereof runs consumers on the first to Section 99.012, Flori	ncurrent with the office I seek, and I
	Statement	of Party	
I swear or affirm that I am a member of the party, for which I am seeking nomination as a which I seek to qualify; and I have paid the a party.	a candidate, for 365 days b	efore the beginning of qualifying	g preceding the general election for
Statemen	t of Outstanding I	ines, Fees, or Penalt	ties
I owe outstanding fines, fees, or penalties, th	at cumulatively exceed \$2	50, for ethics or campaign finan	ce violations (s. 99.021(1)(d), F.S.).
	YES, I Do N		
If you do, you must also specify the amou		7.5	verse side
n you do, you must also specify and amount	- Constant Cath Charty	mat levied the same on the re	verse side.
x 5/73/	(352) 819.988	ν	o techo d
Signature of Candidate	Telephone Number	I AIS	Email Address
4546 U Old Ctrus Rd	Lecanto	FL	34461
Address of Legal Residence	City	State	ZIP Code
STATE OF FLORIDA		Andre 1	His
COUNTY OF <u>CITCUS</u>	_	Signature of Notary Publi	<i>1 ((a)</i>
Sworn to (or affirmed) and subscribed before	me by means of	Print, Type, or Stamp Commissi	oned Name of Notary Public below:
	al presence	SAND	RAJHIAR
this 7 day of June	2024	Commission	State Of Florida No. HH 412990
Personally Known OR Produced Id	\$3411	My Commission	Expires: 6/20/2027
, —			arayean Tabuda Duba ta ta fi b
Type of Identification Produced:			
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):			
Statem	ent 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		
Ш			
Affidavit of	Nickname (Only required if using nickname for the ballot.)		
My legal name is Curtiss			
	. I am generally known by this nickname or have used it as part e nickname to mislead voters. My nickname does not imply I am some other person, constitute me with a cause or issue, or that is obscene or profane.		
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 be of online notarization \(\begin{align*} OR & physical	sical presence Sanna Hila		
DS-DE 301A (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.		