

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**



OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

Traci Phillips

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 office of

Clerk of the Circuit Court + Comptroller

(Office)

(District #)

(Circuit #) _____; I am a qualified elector of _____

Citrus

County, Florida;

(Group or Seat #)

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.).

YES, I Do _____

NO, I Do Not ☒

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Traci Phillips

(352) 232-5589

Phillips4Clerk@gmail.com

Signature of Candidate

Telephone Number

Email Address

1100 N Ottawa Ave

Lecanto

FL

34461

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Citrus

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

online notarization ☐

OR

physical presence ☒

this 22nd day of May, 2024

Personally Known ☒

OR

Produced Identification ☐

Type of Identification Produced: _____

Tammi Lavonne Hunnicutt
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

