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

Record 2024JUN10PM12:00

OFFICE USE ONLY Candidate Oath Name to appear on ballot: Chris Chambless 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 Supervisor of Elections (District #) (Group or Seat #); I am a qualified elector of Clay County, Florida; (Circuit #) 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\_ X If you do, you must also specify the amount owed and each entity that levied the same on the reverse side. Redacted Telephone Number Signature of Candidate **Email Address** Redacted Address of Legal Residence City State ZIP Code 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, physical presence online notarization OR this 23 day of May , 20 24 KAYLAS, O'NEAL MY COMMISSION # HH375271 EXPIRES: April 16, 2027 OR Produced Identification Personally Known Type of Identification Produced: FL Driver License Rule 1S-2.0001, F.A.C. DS-DE 301A (Eff. 10/2023)