

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

Recvd 2024 JUN 11 PM 03:12

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: _____

Kristen T. Burke (KB)

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 _____

Clay County Commission District 5

(Office)

5 (District #)

_____ ; I am a qualified elector of _____

Clay

County, Florida;

(Circuit #)

(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 _____ Party;

Republican

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

Signature of Candidate

(904) 338-8207

Telephone Number

spine98doc@aol.com

Email Address

Address of Legal Residence

1812 CR 209B

City

Green Cove Springs

State

FL

ZIP Code

32043

STATE OF FLORIDA

COUNTY OF _____

Clay

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 *11* day of *June*, 20*24*.

Personally Known OR Produced Identification

Type of Identification Produced: *FL Drivers License*

