CANDIDATE OATH NONPARTISAN OFFICE (Do not use this form if a Judicial or School Board Candidate)

Check box only if you are seeking to qualify as a write-in candidate:	Record 2024JUN13AM09:01
Write-in candidate	
	OFFICE USE ONLY
Cand	idate Oath
Name to appear on ballot: ERIC SHEPPA	R()
Check box if two last names without hy	phen. (Name cannot be changed after qualifying.)
Check box if name includes nickname.	ckname, you must complete the Nickname Affidavit on reverse side.)
I swear or affirm that I am a candidate for the nonpartisan office (Circuit #), (Group or Seat #); I am a qualified elec	of FIP COD (Office) (District #) tor of CLA\ County, Florida
have qualified for no other public office in the state, the term of whether the state is the state of the state.	Florida to hold the office to which I desire to be nominated or elected; I nich office or any part thereof runs concurrent with the office I seek; and I gn pursuant to Section 99.012, Florida Statutes; and I will support the of Florida.
Statement of Outstand	ing Fines, Fees, or Penalties
I owe outstanding fines, fees, or penalties, that cumulatively exce	ed \$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 e	entity that levied the same on the reverse side.
Signature of Candidate Signature of Candidate Telephone Number Address of Legal Residence City	
STATE OF FLORIDA	1) . / /
COUNTY OF	Signature of Notary Public
Sworn to (or affirmed) and subscribed before me by means of online notarization \(\begin{align*} OR \\ \end{align*} physical presence \(\begin{align*} \text{this } \end{align*} \), 2024. Personally Known \(\begin{align*} OR \\ \end{align*} Produced Identification \(\begin{align*} \text{Type of Identification Produced: } \(\begin{align*} \text{License} \\ \end{align*} \)	Print, Type, or Stamp Commissioned Name of Notary Public below: KEMIE MAHAN MY COMMISSION # HH375267 EXPIRES: June 27, 2027
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.

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