

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:

Write-in candidate

RECEIVED

MAY 28 2024

DUVAL COUNTY ELEC.
By CP

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: DOUGLAS DAZE

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 nonpartisan office of SOIL & WATER CONSERVATION,
(Office) (District #)
2; I am a qualified elector of DUVAL 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 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.

X [Signature]
Signature of Candidate Telephone Number Email Address
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF DUVAL

[Signature]
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 28 day of MAY, 2024.
Personally Known OR Produced Identification
Type of Identification Produced: FL DRIVERS LIC



CIERRA ALEXXUS M FACKLER
Commission # HH 422514
Expires July 17, 2027

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):

Statement 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

Affidavit of Nickname (Only required if using nickname for the ballot)

My legal name is _____, I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____, I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

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 online notarization OR physical presence

this _____ day of _____, 20_____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

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MAY 28 2024

DUVAL COUNTY ELEC.
By OV

SOIL AND WATER STATEMENT OF QUALIFICATION

STATE OF FLORIDA
COUNTY OF DUVAL

I, **DOUGLAS DAZE**, a candidate for Supervisor of Soil and Water Conservation District, meet the qualifications pursuant to section 582.19(1), Florida Statutes, to serve on the governing body of the Soil and Water Conservation District.

I am an eligible voter who resides in the district, and (select at least one of the following):

I am actively engaged in, or retired after 10 years of being engaged in, agriculture as defined in s. 570.02 Florida Statutes

I am employed by an agricultural producer

I own, lease, or am actively employed on land classified as agriculture under s.193.461 Florida Statutes

DOUGLAS E. DAZE

Signature of Candidate

Address: [REDACTED]
City: [REDACTED]

Sworn to (or affirmed) and subscribed before

me by Douglas Daze Personally Known

this 1 day of May,

2024.

Dawn Ellen Hutson-Auer

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below



Byles, Brenda

From: Fackler, Cierra
Sent: Thursday, May 09, 2024 3:32 PM
To: Douglas Daze
Cc: Holland, Jerry; Byles, Brenda
Subject: Petition Certification
Attachments: Petition Status Report.pdf; 2023 Form 1 Filing Information.pdf; 2023 Form 1 Instructions.pdf; 2024SoilWaterQualifyingMemo.pdf; Oath Nonpartisan Office 302NP.pdf; Soil & Water Qualifications to Serve Document.pdf

Importance: High

Dear Douglas Daze,

I am happy to inform you that you have obtained the required number of valid signatures on your candidate petitions for the office of Soil and Water Group 2. This certification only excuses you from paying the qualifying fee and any party assessment when seeking to qualify for this office. The certification does not excuse you from submitting other qualifying papers required by the Florida Election Code.

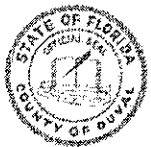
Qualifying documents may be filed beginning fourteen days before qualifying begins Noon, May 27, 2024. However, our office will be closed on May 27, 2024, in observance of Memorial Day. We will reopen May 28, 2024, at 7:30 a.m. We highly recommend taking advantage of this pre-qualifying period.

To serve you better, we ask that you make an appointment with our office to qualify. To set up an appointment please follow the link provided **[Book time with Fackler, Cierra: Qualifying Meeting](#)**. Appointments start at 8:00 a.m., Tuesday, May 28, 2024, and end at 5:00 p.m., Thursday, June 13, 2024. You will receive an email with confirmation of your scheduled time. We will only accept walk-ins on Friday June 14, 2024, until Noon. Please note it is not required to make an appointment and you are still welcome to walk-in starting May 28, 2024- June 14, 2024 at Noon.

Please note that your candidate oath must be notarized. Notaries are available in our office for your convenience.

If you need any additional information, please let me know.

Thank you,



Cierra Fackler, MBA

Candidate and Records Director

Duval County Supervisor of Elections Office

105 E. Monroe Street

Jacksonville, FL 32202

Ph: 904.255.3429 F:904.255.3433

CFackler@coj.net

UPCOMING ELECTION DATES

2023 Form 1 - Statement of Financial Interests

General Information **RECEIVED**

Name: Mr DOUGLAS EDWARD DAZE

MAY 28 2024

Address: [REDACTED]

DUVAL COUNTY ELEC.
By CF

County:

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Special District	SOIL AND WATER CONSERVATION DISTRICT, DISTRICT 2	COMMISSIONER, SOIL AND WATER CONSERVATION DISTRICT, DISTRICT 2

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
SOCIAL SECURITY	WASHINGTON, D.C.	RETIREMENT
STATE OF FLORIDA	TALLAHASSEE, FLORIDA	RETIREMENT

2023 Form 1 - Statement of Financial Interests

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
STATE RETIREMENT	STATE OF FLORIDA
BANK ACCOUNT	WELLS FARGO BANK
INVESTMENT ACCOUNT	RAYMOND JAMES

2023 Form 1 - Statement of Financial Interests

Liabilities

LIABILITIES (Major debts valued over \$10,000):
(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write "none" or "n/a")

Business Entity # 1
N/A

Signature of Filer

DOUGLAS EDWARD DAZE

Digitally signed: 03/31/2024