CANDIDATE OATH

STATE COMMITTEEMEN AND COMMITTEEWOMEN



JUN 1 3 2024



		OFFICE USE ONLY
Candidate Oath		
Name as it is to appear on ballot:MALEANA GAY		
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	Committeeman	Committeewoman
I am a qualified elector of DUVAL	County, Florida; I am qualified u	inder the Constitution and the
laws of Florida to hold the office to which I desire to be nominated or elected; 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.		
X Malagna (904) 207-198	38 elect	mg2024@gmail.com
Signature of Candidate Telephone Number		Email Address
1113 Cedar Bay Road Jacksonville Address of Legal Residence City	Florida	32218
STATE OF FLORIDA COUNTY OF	State Signature of Notary Public Print, Type, or Stamp Commission MELISSA D MONT NOTARY PU STATE OF FL NO. HH 275 MY COMMISSION EXPIR	ed Name of Notary Public below: TGOMERY IBLIC ORIDA 9437
DS-DE 305A (Eff. 10/2023)	mr commoser.	Rule 1S-2.0001, F.A.C.
		13416 13-2.000 1. F.M.C. I