CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION

OFFICE USE ONLY

Candidate Oath
(Section 99.021(1)(a), Florida Statutes)

I, _April Johnson-Spence_ ,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying.)

am a candidate for the office of _County Commissioner_ , _2_ , _____ ,

(Office)   (District #)   (Circuit #)

_____ ; my legal residence is _Hernando_ County, Florida; I am a qualified elector

(Group or Seat #)

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
(Section 99.021(1)(b), Florida Statutes)

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.

Candidate's Florida Voter Registration Number (located on your voter information card): _104404541_

Phonetic spelling for audio ballot: Print 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 2 of this form):

Jon-Son - SP-E-N-S

X _April Johnson-Spence_ (727) 457-3242   _Aprilfor Hernando@gmail.com_
Signature of Candidate   Telephone Number   Email Address

8384 Valmora St.   _Spring Hill_   _Florida_   _34608_
Address   City   State   ZIP Code

STATE OF FLORIDA

COUNTY OF _Hernando_

Karen Lund
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 _16_ day of _June_ , 20_22_

Personally Known ☑   OR   Produced Identification ☐

Type of Identification Produced: _____

DS-DE 301A (Rev. 08/2021)   Rule 1S-2.0001, F.A.C.