CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION

Candidate Oath

Name to appear on ballot: **John Allocco**

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 **County Commissioner**, **3**
(Office)　(District #)

_____, _____; I am a qualified elector of **Hernando** 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 **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 __✓__

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X _____　(352) 597-1772　JohnAllocco752@gmail.com
Signature of Candidate　　Telephone Number　　Email Address

7033 Bahama Swallow Ave.　Weeki Wachee　FL　34613
Address of Legal Residence　City　State　ZIP Code

STATE OF FLORIDA

COUNTY OF Hernando

_____
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

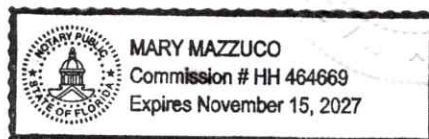online notarization ☐　OR　physical presence ☑

this __2nd__ day of __June__, 20__24__.

Personally Known ☑　OR　Produced Identification ☐

Type of Identification Produced: _____

MARY MAZZUCO
Commission # HH 464669
Expires November 15, 2027

DS-DE 301A (Eff. 10/2023)　　　　Rule 1S-2.0001, F.A.C.

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):

John uh-LAHK-O   2024 JUN 10 PM 12: 03

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 _____

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:_____

_____
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

DS-DE 301A (Eff. 10/2023)   **Rule 1S-2.0001, F.A.C.**