

**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

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SUPERVISOR OF ELECTIONS  
HERNANDO COUNTY, FL  
OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: Blake E. Bell

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 Brooksville City Council,  
(Office) (District #)  
3; 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 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 Signature of Candidate (601) 573 6612 Telephone Number bell4brooksville@gmail Email Address  
5366 Southern Valley lp Brooksville FL 34601  
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Hernando

Sworn to (or affirmed) and subscribed before me by means of  
online notarization ☐ OR physical presence ☒  
this 13th day of June, 2024.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_

TERRI CARTER  
Signature of Notary Public

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

