

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

RECEIVED  
2024 JUN 10 PM 1:00  
SUPERVISOR OF ELECTIONS  
HERNANDO COUNTY, FL

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: \_\_\_\_\_

RYAN AMSLER

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  
(Office)

1  
(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 Ryan Amster  
Signature of Candidate

852) 556-7488  
Telephone Number

amster.ryan@gmail.com  
Email Address

12159 KATHERWOOD ST  
Address of Legal Residence

SPRING HILL  
City

FL  
State

34608  
ZIP Code

STATE OF FLORIDA

COUNTY OF Hernando

Stephanie G Gramling  
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 7<sup>th</sup> day of JUNE, 2024

Personally Known ☒ OR Produced Identification ☐

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

