CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

DS-DE 301A (Eff. 10/2023)

RECEIVED

2024 JUN 11 AM 8: 40

MANATEE COUNTY SUPERVISOR OF ELEC**TIONS**

OFFICE USE ONLY

| SUPERVISOR OF FLECTIONS OF FICE USE OF |
|--|
| Candidate Oath |
| Name to appear on ballot: April Culbreath |
| 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 Manatee County Commissioner District 3 |
| (Office) (District #) |
| |
| 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 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 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 politic |
| party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated politic 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 (941) 920-5780 VoteAprilManatee@gmail.co/ |
| Signature of Candidate Telephone Number Fmail Address |
| |
| Address of Legal Residence City State ZIP Code |
| STATE OF FLORIDA |
| COUNTY OF Manatee Signature of Notary Public |
| Sworn to (or affirmed) and subscribed before me by means of Tama Herders of Notary Public below: |
| online notarization OR physical presence |
| this day of, 20_24. TANYA T. HENDERSON Notary Public, State of Florida |
| Personally Known OR Produced Identification OR Produced Identification My comm. expires Nov. 8, 2024 |
| Type of Identification Produced: |
| Rule 1S-2.0001, F.A.C |