

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

RECEIVED

2024 MAY 30 PM 4:00

MANATEE COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Dean LaFollette

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 Trevesta Community Development District Supervisor,
(Office) (District #)
Seat #4; I am a qualified elector of Manatee 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 X

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

X Dean LaFollette (813) 390-3090 dean.lafollette63@gmail.com
Signature of Candidate Telephone Number Email Address
6335 Kenava Loop Palmetto FL 34221
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Manatee

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒

this 30th day of May, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL Driver License

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



SARAH SALAY
NOTARY PUBLIC-STATE OF FLORIDA
COMMISSION # HH 438087
My COMMISSION EXPIRES
OCTOBER 28, 2027