

**CANDIDATE OATH
JUDICIAL OFFICE**

REC'D APR 22 '24 PM 3:39
MARION COUNTY SOE

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Robert E. Landt

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 judicial office of COUNTY Judge, _____, _____,
(Office) (District #)

5, 4; my legal residence is 1336 SE 8th ST Ocala, Marion County, Florida;
(Circuit #) (Group or Seat #)

I am a qualified elector of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the constitution and laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and 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. 105.031(4) 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 Robert E Landt (352) 572-9142 LANDT58@cox.net
Signature of Candidate Telephone Number Email Address
1336 SE 8th ST Ocala FL 34471
Address of Legal Residence City State ZIP Code

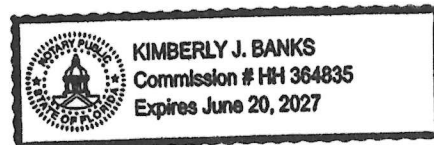
STATE OF FLORIDA
COUNTY OF Marion

[Signature]
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 22 day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: _____



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):

Robert E. LANT

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 Robert E. LANT. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

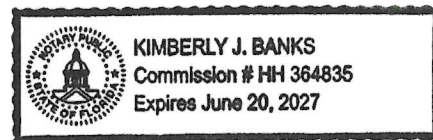
My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: [Handwritten Signature]

STATE OF FLORIDA
COUNTY OF Manon

[Handwritten Signature]

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 22 day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: _____