CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

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

JUN 10'24 PM1:36 OSC SOE

OFFICE USE ONLY

		OFFICE USE ONLY	
Candidate Oath			
Name to appear on ballot: James "Jim" Trautz			
Check box if two last names without hyphen.	. (Name cannot be changed after	er 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 Osceola County Supervisor of Electrons (Office) (District #)			
I swear or affirm that I am a candidate for the office of	(Office)	(District #)	
; I am a qualified elector of; I am a qualified elector of;		County, Florida;	
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 re-	gistered member of this political	
party, for which I am seeking nomination as a candidate, for 365 days			
which I seek to qualify; and I have paid the assessment levied against	t me, if any, by the executive comm	ittee 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 XXX If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.			
(407)498-564°	1 jim@jii	mt4soe.com	
Signature of Candidate Telephone Number	F	Email Address	
1650 The Oaks Blvd Kissimmee	FL	34746	
Address of Legal Residence City	State	ZIP Code	
STATE OF FLORIDA	Dalage Breeze	+	
COUNTY OF OSCROLA	Signature of Notary Public		
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissione	ed Name of Notary Public below:	
online notarization OR physical presence this loth day of June 20 24.	ASHLEY R.		
Personally Known OR Produced Identification Type of Identification Produced:	EXPIRES: Janu		
Type of identification Produced: 1 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Rule 1S-2.0001, F.A.C.	

Rule 1S-2.0001, F.A.C.

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):

Jay-ems Jim Trouts

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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 requ	uired if using nickname for the ballot.)	
My legal name is James Trautz affidavit are true and correct.		I am over the age of eighteen (18) and the contents of this	
My nickname is Jim	. I am generally known by this nickname or have used it as part		
a political slogan or otherwise associate		rs. My nickname does not imply I am some other person, constitute or that is obscene or profane.	
	000		
Signature of Candidate :			
STATE OF FLORIDA		0	
COUNTY OF OSCEOLA		Usuley Byout	
		Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:	
Sworn to (or affirmed) and subscribed b	-		
of online notarization OR phy	/sical presence		
of online notarization OR phythis OH day of OH	, 20 <u>24</u> .	ASHLEY R. BRYANT	
Personally Known OR Produc	ced Identification	MY COMMISSION # HH 484918 EXPIRES: January 24, 2028	
Type of Identification Produced:	- DL	Section.	