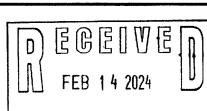
CANDIDATE OATH

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 | |
|----------|-----------|--|



City of Zephyrhills

| | | | | OFFICE USE ONLY | | | |
|---|-------------------------------|---|--|-------------------------|--|--|--|
| Candidate Oath | | | | | | | |
| Name to appear on ballot: | Sam R. Turgeon | | | | | | |
| Check box if two last names without hyphen. (Name cannot be changed after qualifying.) | | | | | | | |
| Check box if name includes nickr | name. (For use of a nic | kname, you must complete ti | he Nickname Affidavit on | n reverse side.) | | | |
| I swear or affirm that I am a candidate | | (Office) | lls Council | (District #) | | | |
| Seat 3 (Circuit #) (Group or Seat #) | ; I am a qualified electo | or of Pasc | O | County, Florida | | | |
| I am a qualified elector under the Co have qualified for no other public office have resigned from any office from wi Constitution of the United States and th | in the state, the term of whi | ich office or any part thereof in pursuant to Section 99.0 | fruns concurrent with th | ne office I seek; and I | | | |
| State I owe outstanding fines, fees, or penalti If you do, you must also specify the a | ies, that cumulatively excee | NO, I Do Not X | ign finance violations (s | s. 99.021(1)(d), F.S.). | | | |
| x San L | (203)623-7 | 794 | sam@sunligh | htre.com | | | |
| Signature of Candidate | Telephone Numbe | | Email Address | | | | |
| 5527 16th Street Address of Legal Residence | Zephyrhills City | Florida State | 3 | 33542 ZIP Code | | | |
| STATE OF FLORIDA COUNTY OF Fasco | | Signature of Notar | The Commissioned Name of N | ne) | | | |
| this 14th day of Filmus | hysical presence | Not My | LORI L. HILLMAN tary Public - State of Florida Commission ≠ HH 254622 Comm. Expires Aug 13, 2026 through National Notary Assn. | | | | |
| DS-DE 302NP (Eff. 10/2023) | | | Rul | e 1S-2.0001, F.A.C. | | | |

| | Phonetic Spei | ling of Name | | | |
|---|--|--|--|--|--|
| wish it to be pronounced on the audio b | pallot as may be used by pers | urposes): Print the name phonetically on the line below as you ons with disabilities (see instructions on page 3 of this form): | | | |
| Sai | sam r tur jin | | | | |
| Statement of Outstanding Fines, Fees or Penalties | | | | | |
| candidate, shall, at the time of subscrib or penalties that cumulatively exceed \$2 | ing to the oath or affirmation, s 250 for any violations of s. 8, A | party candidate, a candidate with no party affiliation, or a write-in state in writing whether he or she owes any outstanding fines, fees, art. If of the State Constitution, the Code of Ethics for Public Officers ce governing standards of conduct and disclosure requirements, or | | | |
| Amount | Entity | | | | |
| N/A | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| Affidavit of | Nickname (Only requi | ired if using nickname for the ballot.) | | | |
| Ailidavit Oi | MICRIAINE (Only requi | iled if using flickhame for the ballot. | | | |
| My legal name is | | . 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 s. My nickname does not imply I am some other person, constitute that is obscene or profane. | | | |
| Signature of Candidate: | | | | | |
| STATE OF FLORIDA | | | | | |
| COUNTY OF | The second districts | | | | |
| Sworn to (or affirmed) and subscribed b | pefore me by means | Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: | | | |
| of online notarization \(\begin{array}{cccccccccccccccccccccccccccccccccccc | - - | | | | |
| this day of | • | | | | |
| Personally Known OR Produc | | | | | |
| Type of Identification Produced: | | | | | |
| DS-DE 302NP (Eff. 10/2023) | | Rule 1S-2.0001, F.A.C. | | | |