

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

FEB 13 2024

BY: NMK
12:05P

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Jim Shive

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 City Commissioner (Office) _____ (District #) _____
3 (Circuit #) _____ (Group or Seat #) _____; I am a qualified elector of Pasco 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 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

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

X Jim Shive (813) 714-3977 shivejim@yahoo.com
Signature of Candidate Telephone Number Email Address
37750 Soothview Ave Dade city Fla 33525
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Pasco

Angelia K Guy
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 9 day of February, 2024.
Personally Known OR Produced Identification
Type of Identification Produced: _____



Angelia K. Guy
Notary Public
State of Florida
Comm# HH016318
Expires 7/29/2024

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):

Jim SHYV

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
N/A	

Affidavit of Nickname (Only required if using nickname 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 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: _____

STATE OF FLORIDA

COUNTY OF _____

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 _____ day of _____, 20_____.

Personally Known OR Produced Identification

Type of Identification Produced: _____