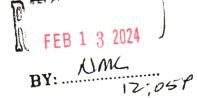
CANDIDATE OATH

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:

j .	
Write-in	candidate

DS-DE 302NP (Eff. 10/2023)



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

			OFFICE USE	ONL
	Candidat	e Oath		
Name to appear on ballot:	- Shive	-		
Check box if two last nar	mes without hyphen.	(Name cannot be cha	nged after qualifying.)	
Check box if name includes nickname. (Fe	or use of a nicknam	e, you must complete the N	ickname Affidavit on reverse side.)	
I swear or affirm that I am a candidate for the nonpa	rtisan office of	Coffice)	(District	
(Circuit #) (Group or Seat #)		,		
have qualified for no other public office in the state, the have resigned from any office from which I am requestration of the United States and the Constitution	uired to resign pur of the State of Flo	rsuant to Section 99.012, rida.	Florida Statutes; and I will support	
I owe outstanding fines, fees, or penalties, that cumula		Fines, Fees, or Per		S.).
YES, II	Do NO	D, I Do Not		
f you do, you must also specify the amount owed	and each entity th	hat levied the same on th	e reverse side.	
Signature of Candidate Tele 37750 South view Aue	13) 714 - Ephone Number DAde Ca	3977 Ly 7/10	Shirt jim & Yahas. Email Address 33525	am
Address of Legal Residence City		State	ZIP Code	Managana
STATE OF FLORIDA		Moder	K Mus/	
COUNTY OF PASCO		Signature of Notary Pu		• 1
Sworn to (or affirmed) and subscribed before me by m	eans of		issioned Name of Notary Public below	:
online notarization OR physical present	ce 🔽	Angelia Notary	Public	
his day of February, 20	124.	State o	f Florida # HH016318	
Personally Known OR Produced Identification	on _		7/29/2024	
ype 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):					
Statement of Outstanding Fines, Fees or Penalties					
candidate, shall, at the time of subscribin or penalties that cumulatively exceed \$25	each candidate, whether a party candidate, a candidate with no party affiliation, or a write-ing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers 12, any local ethics ordinance governing standards of conduct and disclosure requirements, or				
Amount	Entity				
MA					
· · · · · · · · · · · · · · · · · · ·					
Affidavit of	Nickname (Only required if using nickname for the ballot.)				
Madamata	. I am over the age of eighteen (18) and the contents of this				
My legal name isaffidavit are true and correct.	I am over the age of eighteen (16) and the contents of this				
of my legal name. I have not created the	I am generally known by this nickname or have used it as part e nickname to mislead voters. My nickname does not imply I am some other person, constitute me with a cause or issue, or that is obscene or profane.				
Signature of Candidate:					
STATE OF FLORIDA					
COUNTY OF					
	Signature of Notary Public				
Sworn to (or affirmed) and subscribed be	Print, Type, or Stamp Commissioned Name of Notary Public below: efore me by means				
of online notarization OR phy	rsical presence				
this day of	, 20				
Personally Known OR Produced Identification					
Type of Identification Produced:					
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.				