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:

FEB 2 0 2024

BY: Agan

	OFFICE USE ONLY	
Candidate Oath		
Name to appear on ballot: Sohnother Mus	lun chest- s-	
Check box if two last names without hy	phen. (Name cannot be changed after qualifying.)	
Check box if name includes nickname. (For use of a nic	ckname, you must complete the Nickname Affidavit on reverse side.)	
I swear or affirm that I am a candidate for the nonpartisan office	of Pode City Council , (District #)	
(Circuit #) (Group or Seat #); I am a qualified elect	or of Pasco County, Florida	
have qualified for no other public office in the state, the term of wh	Florida to hold the office to which I desire to be nominated or elected; I nich office or any part thereof runs concurrent with the office I seek; and I gn pursuant to Section 99.012, Florida Statutes; and I will support the of Florida.	
I owe outstanding fines, fees, or penalties, that cumulatively exceed	ing Fines, Fees, or Penalties ed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.). NO, I Do Not	
If you do, you must also specify the amount owed and each e		
Signature of Condidate Telephone Numb Address of Legal Residence City	8-6067 Email Address Dale City (-L 33525 State State John, Charl @grad/cun Email Address ZIP Code	
STATE OF FLORIDA COUNTY OF O	Signature of Notary Public	
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of Notary Public below:	
online notarization OR physical presence		
this 20 day of February , 2024	Angelia K. Guy	
Personally Known OR Produced Identification	Notary Public State of Florida	
Type of Identification Produced: FL Dr Lionse	Comm# HH016318 Expires 7/29/2024	
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.	

Pho	Phonetic Spelling of Name	
wish it to be pronounced on the audio ballot as may b	for qualifying purposes): Print the name phonetically on the line below as you be used by persons with disabilities (see instructions on page 3 of this form):	
Jon + UL + Thuhn	mul- Una - Chuh - 9460	
Statement of Ot	utstanding 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	
NIA		
Affidavit of Nicknam	e (Only required if using nickname for the ballot.)	
M. A.		
My legal name isaffidavit are true and correct.	. I am over the age of eighteen (18) and the contents of this	
My nickname is of my legal name. I have not created the nickname to	. I am generally known by this nickname or have used it as part to mislead voters. My nickname does not imply I am some other person, constitute	
a political slogan or otherwise associate me with a ca	luse of issue, of that is obscene of profane.	
Signature of Candidate:		
STATE OF FLORIDA		
COUNTY OF		
Sworn to (or affirmed) and subscribed before me by n	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: means	
of online notarization OR physical present	ce 🔲	
this day of, 2	20	
Personally Known OR Produced Identificat		
Type of Identification Produced:		
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.	