CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

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

RECEIVED

2024 JUN 11 PM 3: 28

SUPERVISOR OF ELECTIONS
ELECTION SERVICE CENTER OFFICE USE ONLY

Candidate Oath				
Name to appear on ballot: Chris Schere	r			
	ast names without hyphen.	(Name cannot be ch	hanged after qualifying.)	
Check box if name includes nickname.	-1			
			1	
I swear or affirm that I am a candidate for the	office of	(Office)	(District #)	
. 10	m a qualified elector of	Pinellas	County, Florida;	
(Circuit #) (Group or Seat #)	in a qualified elector of		,	
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	epublican	Party: I have b	peen a registered member of this political	
party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political				
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 NotX If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.				
18/-				
v 1/0/2	(727)410-2361		chris@schererforpinellas.com	
X Signature of Candidate	Telephone Number		Email Address	
7 37-0	Indian Shores	FL	33785	
Address of Legal Residence	City	State	ZIP Code	
STATE OF FLORIDA		Warm.	milhite	
COUNTY OF Pinellas		Signature of Notary	Public mmissioned Name of Notary Public below:	
Sworn to (or affirmed) and subscribed before m	e by means of	Print, Type, or Stamp Co.	minissioned Name of Notary 1 dole below.	
online notarization OR physical public of DR Produced Ider	oresence \(\begin{align*} \text{\text{\$\sigma}} \\ \text{\$\sigma} \\ \text{\$\sigma} \end{align*} \text{\$\sigma} \\ \text{original} \end{align*}	Notary Pu To Commit OF My Comm	ARON M. WHITE blic - State of Florida ssion # HH 288141 . Expires Sep 3, 2026 I National Notary Assn.	
Type of Identification Produced:				
			Rule 1S-2.0001, F.A.C.	

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):

Chris Scherer

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	N/A
	RECEIVED NOTION 11 PH 3: 28 SUPTRAISM OF SECTIONS ELECTION SERVICE SERVICE SERVICE TENTER
Affidavit of Nickname (Only requ	rired if using nickname for the ballot.)
My legal name is John Christopher Scherer	I am over the age of eighteen (18) and the contents of this
affidavit are true and correct.	
My nickname is Chris Scherer of my legal name. I have not created the nickname to mislead voter a political slogan or otherwise association e with a cause or issue, or	I am generally known by this nickname or have used it as part rs. My nickname does not imply I am some other person, constitute r 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	Thirty Type, or otamp commissioned Hamo or Notary Edule bolow.
of online notarization \square OR physical presence \square this 5^{++} day of \square	SHARON M. WHITE

Commission # HH 288141

My Comm. Expires Sep 3, 2026

Sonded through National Notary Assn.

Type of Identification Produced:

Personally Known

OR Produced Identification