## **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:

## RECEIVED

2024 JUN 10 PM 12: 23

SUPERVISOR OF ELECTIONS ELECTION SERVICE REDIFICE USE ONLY

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Candidate Oath				
Name to appear on ballot: Jorge Mercado				
Check box if two last names without hyphe	hen. (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 Lealman Special Fire Control District				
I swear or annin that I am a candidate for the nonpartisan office of	(Office) (District #	<i>‡</i> )		
(Circuit #) 5 ; I am a qualified elector	r of Pinellas County, Flo	rida		
(Circuit #) (Group or Seat #)				
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 X  If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.				
X (727)543-822	jrgmercado@yahoo.com			
Signature of Candidate Telephone Number	r Email Address	-		
4785 49th Ave North St. Petersburg	FL 33714			
STATE OF FLORIDA  COUNTY OF Proclas	State ZIP Code  Signature of Notary Public  Print Type, or Stand Commissioned Name of Notary Public below	≅ r.		
Sworn to (or affirmed) and subscribed before me by means of	-			
this 25th day of, 2024.  Personally Known \[ OR \] Produced Identification \[ \frac{\text{Y}}{\text{X}} \]	SARAH RATHKE Commission # HH 404804 Expires May 31, 2027			
Type of Identification Produced: FUD				
	B 1 40 6 444 5 4			
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.	.U.		

	Phonetic Spell	ing 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):  Jorge Mercado					
Statement of Outstanding Fines, Fees or Penalties					
Pursuant to Section 99.021(1)(d), F.S candidate, shall, at the time of subscribi or penalties that cumulatively exceed \$2 and Employees under part III of chapter chapter 106.	ng to the oath or affirmation, s 250 for any violations of s. 8, Al	tate in writing whether he or she owes rt. Il of the State Constitution, the Code re governing standards of conduct and	any outstanding fines, fees, of Ethics for Public Officers		
Amount		Entity			
NA					
			RECEIVED  SUPPRISON SERVIC CENTE		
			2000		
Affidavit of	Nickname (Only requi	red if using nickname for the ba	llot.)		
My legal name isaffidavit are true and correct.		I am over the age of eighteen	(18) and the contents of this		
My nickname is	ne nickname to mislead voters		name or have used it as part ome other person, constitute		
Signature of Candidate:					
STATE OF FLORIDA					
COUNTY OF					
Sworn to (or affirmed) and subscribed by of online notarization \( \subscribed \) \( OR \) \( \text{physical physical personally Known } \( \subscribed \) \( OR \) \( \text{Product} \) \( \text{Type of Identification Produced:} \( \subscribed \)	efore me by means ysical presence	Signature of Notary Public Print, Type, or Stamp Commissione	d Name of Notary Public below:		
DS-DF 302NP (Eff. 10/2023)			Rule 1S-2.0001, F.A.C.		