

# 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

RECEIVED

2024 JUN 12 AM 9:38

SUPERVISOR OF ELECTIONS  
ELECTION SCANNING CENTER

OFFICE USE ONLY

### Candidate Oath

Name to appear on ballot: Joseph Dinelli

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.)

East Lake Oaks

I swear or affirm that I am a candidate for the nonpartisan office of Community Development District (Office) (District #)

5 (Circuit #) ; I am a qualified elector of Pinellas (Group or Seat #) 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 [Signature] Telephone Number KR 842-3155 Email Address Joseph.Dinelli@gmail.com  
Address of Legal Residence 1401 Shady Oaks Dr, Oldsmar FL City Oldsmar State FL ZIP Code 34677

STATE OF FLORIDA

COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

this 12<sup>th</sup> day of June, 2024

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL DL

[Signature]  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



SARAH RATHKE  
Commission # HH 404804  
Expires May 31, 2027

## 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):

Joseph Dinelli

## 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  
 2024 JUN 12 AM 9:38  
 SUPERIOR COUNTY ELECTIONS CENTER

## 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: \_\_\_\_\_