

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

2024 JUN 10 PM 12:02

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: Stan Colie Nichols

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.)

I swear or affirm that I am a candidate for the office of Tax Collector (Office) \_\_\_\_\_ (District #)

\_\_\_\_\_; I am a qualified elector of Santa Rosa County, Florida; (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 Party**

I swear or affirm that I am a member of the Republican Party; I have been 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 party.

**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 Stan C. Nichols (850) 712 7569 StanandJoyceNeo@gmail.com  
Signature of Candidate Telephone Number Email Address

5020 Roland Rd Pace FL 32571  
Address of Legal Residence City State ZIP Code

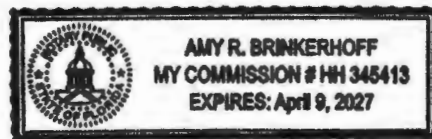
STATE OF FLORIDA  
COUNTY OF Santa Rosa

Amy R. Brinkerhoff  
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 4<sup>th</sup> day of June 2024

Personally Known  OR Produced Identification

Type 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):

Stan Cole - EE Nick - Kols

**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	

**Affidavit of Nickname (Only required if using nickname for the ballot.)**

My legal name is Stanley Colie Nichols. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Stan Colie Nichols. 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: [Handwritten Signature]

STATE OF FLORIDA  
COUNTY OF Santa Rosa

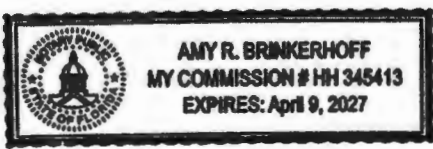
[Handwritten Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of online notarization  OR physical presence

this 4<sup>th</sup> day of June, 2024

Personally Known  OR Produced Identification

Type of Identification Produced: [Stamp]



**Ashley Lukis**  
*Chair*  
**Michelle Anchors**  
*Vice Chair*  
**William P. Cervone**  
**Tina Descovich**  
**Freddie Figgers**  
**Luis M. Fusté**  
**Wengay M. Newton, Sr.**  
**Jim Waldman**



**State of Florida**  
**COMMISSION ON ETHICS**  
**P.O. Drawer 15709**  
**Tallahassee, Florida 32317-5709**

**Kerrie J. Stillman**  
*Executive Director*

**Steven J. Zuilkowski**  
*Deputy Executive Director/  
General Counsel*

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**325 John Knox Road**  
**Building E, Suite 200**  
**Tallahassee, Florida 32303**

***"A Public Office is a Public Trust"***

2024 JUN 10 PM 12:02

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**VERIFICATION AND RECEIPT OF SUBMISSION  
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Mr Stan Colie Nichols  
Filer PID #: 226083

Date Filed: 5/6/2024  
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests  
Filing ID: 949127

Receipt Print Date: 6/4/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

Incumbent's Financial Disclosure Forms are available on the Commission on Ethics's website.

<https://disclosure.floridaethics.gov/PublicSearch/Filings>