CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

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

2024 JUN 11 AMS:32

OFFICE USE ONLY Candidate Oath Rhett Rowell Name to appear on ballot:___ 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 am a qualified elector of Santa Rosa _____ county, Florida; (Circuit #) 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 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.). NO, I Do Not YES, I Do If you do, you must also specify the amount owed and each entity that levied the same on the reverse side. X Muth Rowell (850) 206-9878

Signature of Candidate Telephone Number

4533 Carr RD. Jay

Address of Legal Residence City country of Santa Rosa Signature of Notary Public Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

MCGO

***H 087499

***H 087499

***C STATE OF Rule 1S-2.0001, F.A.C. Sworn to (or affirmed) and subscribed before me by means of physical presence Personally Known OR Produced Identification Type of Identification Produced:__ Rule 1S-2.0001, F.A.C.

Phonetic Spelling of Name					
Phonetic spelling for the audio ballot wish it to be pronounced on the audio b	t (not required for qualifying pu allot as may be used by persor	rposes): Print the name phonetically on the line below as you as with disabilities (see instructions on page 3 of this form):			
Statement of Outstanding Fines, Fees or Penalties					
candidate, shall, at the time of subscribing or penalties that cumulatively exceed \$2	ng to the oath or affirmation, st 50 for any violations of s. 8, Art	party candidate, a candidate with no party affiliation, or a write-in ate in writing whether he or she owes any outstanding fines, fees, t. II of the State Constitution, the Code of Ethics for Public Officers a governing standards of conduct and disclosure requirements, or			
	to suggest the contract	Entity			
		\wedge			
, ,					
Affidavit of	Nickname (Only require	ed if using nickname for the ballot.)			
		I am the confiction (40) and the contents of this			
My legal name is	The second secon	I am over the age of eighteen (18) and the contents of this			
My nickname is	e nickname to mislead voters.	I am generally known by this nickname or have used it as part My nickname does not imply I am some other person, constitute nat 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 be	efore me by means	Fills, Type, or Startip Commissioned Name of Newly Fabric Solon.			
of online notarization OR phy	efore me by means sical presence 20				
\$ 1.45 . T	and the second second				
Personally Known OR Produc	ed Identification				
Type of Identification Produced:					
DS-DE 301A (Eff. 10/2023)	a dilitarity	Rule 1S-2.0001, F.A.C.			

General Information

Name:

Mr Rhett Alexander Rowell

Address:

4533 CARR RD, JAY, FL 32565

County:

Santa Rosa

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Commission

SANTA ROSA COUNTY COMMISSION

SANTA ROSA COUNTY

DISTRICT 3

COMMISSIONER DISTRICT 3

Net Worth

My Net Worth as of December 31, 2023 was \$ 643,942.66.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$81,492.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
4533 CARR ROAD	\$ 460,000.00
BANK ACCOUNTS (SANTA ROSA COUNTY FEDERAL CREDIT UNION)	\$ 42,478.82
WHOLE LIFE INSURANCE (NEW YORK LIFE)	\$ 1,320.00
WHOLE LIFE INSURANCE (NEW YORK LIFE)	\$ 4,150.00
WHOLE LIFE INSURANCE (NEW YORK LIFE)	\$ 2,380.00
ROTH IRA: BLACKROCK HEALTH SCIENCES OPP PRT A (NEW YORK LIFE)	\$ 4,457.99
ROTH IRA: BLACKROCK HEALTH SCIENCES OPP PRT C (NEW YORK LIFE)	\$ 9,390.05
ROTH IRA: BLACKROCK LIFEPATH DYNAMIC 2045 CL A (NEW YORK LIFE)	\$ 2,837.57
ROTH IRA: BLACKROCK TECHNOLOGY OPPORTUNITIES CL A (NEW YORK LIFE)	\$ 6,638.05
ROTH IRA: MAINSTAY GROWTH ALLOCATION CL A (NEW YORK LIFE)	\$ 3,756.79
ROTH IRA: MAINSTAY GROWTH ALLOCATION CL C (NEW YORK LIFE)	\$ 7,459.08
ROTH IRA: MFS UTILITIES CLASS A (NEW YORK LIFE)	\$ 3,603.96
ROTH IRA: MFS UTILITIES CLASS C (NEW YORK LIFE)	\$ 7,522.38
ROTH IRA: PRINCIPAL SPECTRUM PREF CAPT SEC INC C (NEW YORK LIFE)	\$ 4,767.76
ROTH IRA: PRINCIPAL HIGH YIELD CL A (NEW YORK LIFE)	\$ 2,714.27
ROTH IRA: PRINCIPAL HIGH YIELD CL C (NEW YORK LIFE)	\$ 5,155.73
ROTH IRA: PRINCIPAL SPECTRUM PREF CAPT SEC INC A (NEW YORK LIFE)	\$ 2,153.80
STOCK: BOEING CO (CHARLES SCHWAB)	\$ 2,085.28
TSA: FLEX PREMIUM DEFERRED ANNUITY-MXL FOUR SEASONS (MIDLAND)	\$ 3,080.81
LOAN: CAMPAIGN ACCOUNT	\$ 10,000.00

LIABILITIES IN EXCESS OF \$1,000: Name of Creditor Address of Creditor Amount of Liability SANTA ROSA COUNTY FEDERAL CREDIT UNION PO BOX 974 LONDON, KENTUCKY 40743 \$24,203.11 JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: Name of Creditor Address of Creditor Amount of Liability N/A

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
SANTA ROSA COUNTY SCHOOL BOARD	5086 CANAL STREET MILTON, FL 32570	\$ 69,356.00
NORTH SANTA ROSA NEWS	25502 HIGHWAY 31 FLOMATON, AL 36441	\$ 4,091.00
FLORIDA GULF COAST UNIVERSITY	10501 FGCU BLVD S FORT MYERS, FL 33965	\$ 1,200.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source	
N/A				

Interests in Specified Businesses				
Business Entity # 1				
Dusiness Entity # 1				

CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, Heather Riley Jordan prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Heather Riley Jordan

Digitally signed: 06/06/2024

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Rhett Alexander Rowell

Digitally signed: 06/06/2024