CANDIDATE OATH       2024 JUN 10 PM12         STATE AND LOCAL PARTISAN OFFICE       WITH PARTY AFFILIATION         OFFICE USE O         Candidate Oath         Name to appear on ballot:       Rober T "Bob" Johnsond         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       Sher i SF         (Office)       (District #)         (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 electer 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; an have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support to 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       Perub I CAA       Party; I have been a registered member of this politic party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general electon
CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION OFFICE USE O Candidate Oath Name to appear on ballot: Check box if two last names without hyphen. Check box if two last names without hyphen. (Name cannot be changed after qualifying.) Check box if name includes nickname. (Mame cannot be changed after qualifying.) Check box if name includes nickname. (Mame cannot be changed after qualifying.) Check box if name includes nickname. (Mame cannot be changed after qualifying.) Check box if name includes nickname. (Mame cannot be changed after qualifying.) Check box if name includes nickname. (Mame cannot be changed after qualifying.) Check box if name includes nickname. (Mame cannot be changed after qualifying.) (District #) (Office) (District #) (Distr
WITH PARTY AFFILIATION  OFFICE USE O  Candidate Oath  Name to appear on ballot:  Rober T "Bob" John Son  Check box if two last names without hyphen.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (Name cannot be changed after qualifying.)  Check box if name includes nickname.  (I check box if name includes nickname.  (District #)  (Office)  (District #)  (District #)  (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 electer  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; an  have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support to  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  Party; I have been a registered member of this politic
OFFICE USE O         Candidate Oath         Name to appear on ballot:
Candidate Oath         Rober 1 "Bob" Johnson         Check box if two last names without hyphen.         (Name cannot be changed after qualifying.)         Check box if name includes nickname.         Iswear or affirm that I am a candidate for the office of       Sheriffe         (Office)       (District #)         (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 have qualified for mo other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; an have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support to 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
Candidate Oath         Rober 1 "Bob" Johnson         Check box if two last names without hyphen.         (Name cannot be changed after qualifying.)         Check box if name includes nickname.         Iswear or affirm that I am a candidate for the office of       Sheriffe         (Office)       (District #)         (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 have qualified for mo other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; an have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support to 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
Name to appear on ballot:
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
I swear or affirm that I am a candidate for the office of
(Office) (District #) (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 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 have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support to 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 <u>Perublican</u> Party; I have been a registered member of this politic
(Office) (District #) (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 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 have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support to 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 <u>Perublican</u> Party; I have been a registered member of this politic
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 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 have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support to 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  Party; I have been a registered member of this politic
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 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 have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support to 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  Party; I have been a registered member of this politic
Iswear or affirm that I am a member of the <b>Perublican</b> Party; I have been a registered member of this politi
which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated politi 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
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.
Rhit with (850) 736 6609       Swattine C ATT.NCT         Signature of Candidate       PECTOTom Telephone Number       Email Address         ***Protected Address***         State       ZIP Code
STATE OF FLORIDA
COUNTY OF SANTAROSA Signature of Notary Public
Sworn to (or affirmed) and subscribed before me by means of online notarization and subscribed before me by means of this 21st day of May 20,24. Personally Known OR Produced Identification Type of Identification Produced:
DS-DE 301A (Eff. 10/2023) Rule 1S-2.0001, F.A.

and a second sec	Phonetic Spelling of Name
	ballot (not required for qualifying purposes): Print the name phonetically on the line below as you udio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):
St	atement of Outstanding Fines, Fees or Penalties
candidate, shall, at the time of sub or penalties that cumulatively exce	d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in oscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, and \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers hapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or
	Entity
	NONE
	NOO
	and the second second
Affidavi	t of Nickname (Only required if using nickname for the ballot.)
ly legal name is <b>Soberry</b> ffidavit are true and correct.	. I am over the age of eighteen (18) and the contents of this
ly nickname is	. I am generally known by this nickname or have used it as part
my legal name. I have not crea	ted the nickname to mislead voters. My nickname does not imply I am some other person, constitute ociate me with a cause or issue, or that is obscene or profane.
political slogari or otherwise asso	clate the with a cause of issue, of that is obscene of profane.
ignature of Candidate :	int theme
TATE OF FLORIDA	
OUNTY OF SANTA RE	SA SRil
	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
worn to (or affirmed) and subscrib	bed before me by means
online notarization D OR s 21 st day ofMOU	
ersonally Known	20-24 roduced identification
ype of Identification Produced:	2
State and a set	Et Marine and a set of the set of

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

325 John Knox Road Building E, Suite 200 Tallahassee, Florida 32303 Kerrie J. Stillman Executive Director

Steven J. Zuilkowski Deputy Executive Director/ General Counsel

> (850) 488-7864 Phone (850) 488-3077 (FAX) www.ethics.state.fl.us

## 2024 JUN 10 PM12:03

"A Public Office is a Public Trust"

## 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: Robert Watson Johnson Filer PID #: 260290

Date Filed: 5/16/2024 Disclosure Received: 2023 Full and Public Disclosure of Financial Interests Filing ID: 952952

Receipt Print Date: 5/16/2024

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 Ethic's website.

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