

**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:

2024 JUN 10 PM12:09



Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot:

ROBERT MurphyCheck 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 nonpartisan office of

Commissioner Midway Fire District

(Office)

(District #)

(Circuit #)

1

(Group or Seat #)

; I am a qualified elector of

SANTA ROSA County

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 X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X

Signature of Candidate

Telephone Number

Email Address

4006 Bay Pointe Dr.Gulf BreezeFL32563

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF

Santa Rosa

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 28th day of May, 2024Personally Known ☐ OR Produced Identification ☒Type of Identification Produced: FL DL

DS-DE 302NP (Eff. 10/2023)

Rule 1S-2.0001, F.A.C.

### 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):

NIA

### 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
	NIA

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

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

My nickname is NIA. 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: Robert Murphy

STATE OF FLORIDA  
COUNTY OF San Juan

Tamela R. McGowan  
Signature of Notary Public

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

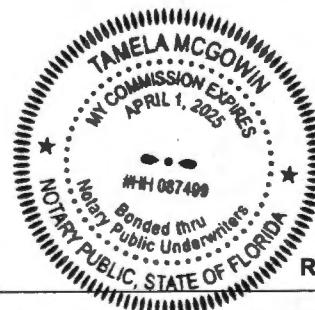
Sworn to (or affirmed) and subscribed before me by means

of online notarization ☐ OR physical presence ☒

this 28th day of May, 2024

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL DL



**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. Zulikowski**  
**Deputy Executive Director/**  
**General Counsel**

**(850) 488-7864 Phone**  
**(850) 488-3077 (FAX)**  
**[www.ethics.state.fl.us](http://www.ethics.state.fl.us)**

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

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

**2024 JUN 10 PM12:09**

---

**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 Robert Murphy  
Filer PID #: 69458

Date Filed: 5/28/2024  
Disclosure Received: 2023 Statement of Financial Interests  
Filing ID: 957636

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.floridathics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

**General Information**

Name: Mr Robert Murphy  
Address: 4006 Bay Pointe Dr, Gulf Breeze, FL 32563 PID 69458  
County: Santa Rosa

**AGENCY INFORMATION**

Organization	Suborganization	Title
Midway fire district	Board of Commissioners	Fire Commissioner Secretary

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
Special District	Midway Fire District	Commissioner Seat 1

**Disclosure Period**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

**Primary Sources of Income**

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)  
(If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Baptist Health Care	125 Baptist Way, Pensacola Florida	Health Care

**Secondary Sources of Income**

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

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

**Real Property**

REAL PROPERTY (Land, buildings owned by the reporting person)  
(If you have nothing to report, write "none" or "n/a")

Location/Description
N/A

**Intangible Personal Property**

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000)  
(If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
Bank Accounts Regions Bank	Personal Accounts
Mutual Funds and Brokerage Account Morgan Stanley	Personal Accounts

**Liabilities**

LIABILITIES (Major debts valued over \$10,000):  
(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
Home Mortgage	Regions Bank 70 N. Baylen St. Pensacola, FL 32501

**Interests in Specified Businesses**

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)  
(If you have nothing to report, write "none" or "n/a")

Business Entity # 1
N/A

**Training**

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

**Signature of Filer**

***Robert Murphy***

Digitally signed: 05/28/2024

Filed with COE: 05/28/2024

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

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