

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

2024 JUN 10 PM1:35

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

MIKE PRIEST

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 COUNTY COMMISSIONER, 5
(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 ☒

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

X [Signature]

Signature of Candidate

(850) 503 1496

Telephone Number

MPdistrict@gmail.com

Email Address

3408 GREEN BRIAR CIR

Address of Legal Residence

Gulf Breeze FL

City

32563

State

ZIP Code

STATE OF FLORIDA

COUNTY OF

Santa Rosa

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

online notarization ☐

OR

physical presence ☒

this 3rd day of June, 2024

Personally Known ☐

OR

Produced Identification ☒

Type of Identification Produced: FL DL

Tamela R McGowan

Signature of Notary Public

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



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):

NA

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 |
|--------|--------|
| NA | NA |
| | |
| | |
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Affidavit of Nickname (Only required if using nickname for the ballot.)

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

My nickname is MIKE PRIEST. 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 Santa Rosa

Tamela R. McGowin
Signature of Notary Public

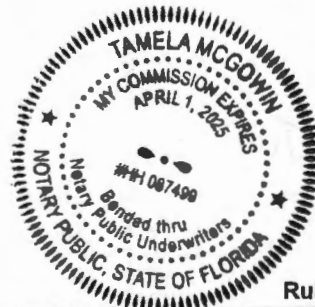
Print, Type, or Stamp Commissioned Name of Notary Public below:

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

this 3rd day of June, 2024

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced:



2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: Mike Priest
Address: 3408 GREEN BRIAR CIR, GULF BREEZE, FL 32563
County:

| Organization | Suborganization | Title |
|--------------|-----------------|-------|
| N/A | | |

CANDIDATE FOR

| Position | Agency Name | Position sought or held |
|-------------------|-------------------|-------------------------|
| County Commission | Santa Rosa County | Commissioner District 5 |

Net Worth

My Net Worth as of December 31, 2023 was \$ 18,900.00.

2023 Form 6 - Full and Public Disclosure of Financial Interests

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 \$ 20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|----------------------|----------------|
| N/A | |

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------------------|---------------------|
| Capital One | 1680 Capital One Dr, McLean, VA | \$ 1,100.00 |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| N/A | | |

2023 Form 6 - Full and Public Disclosure of Financial Interests

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 |
|--|---|--------------|
| Step One Automotive Group | 541 Mary Esther Cutoff, Fort Walton Beach, FL 32548 | \$ 85,000.00 |

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of business 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 |
| N/A |

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Mike Priest

Digitally signed: 06/03/2024

For Qualifying
Purposes Only