

## 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:

☐ Write-in candidate

2024 JUN 10 PM 12:10

OFFICE USE ONLY

### Candidate Oath

Name to appear on ballot: John T. Poole

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 nonpartisan office of Midway Fire District Commissioner,  
(Office) (District #)  
5; 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 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 John T. Poole  
Signature of Candidate

(410) 598-9981  
Telephone Number

john.poole@midwayfire.org  
Email Address

5355 Woodlake Trails  
Address of Legal Residence

Gulf Breeze  
City

FL  
State

32563  
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 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):

## 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**

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

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

My nickname is \_\_\_\_\_. 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** \_\_\_\_\_

**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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_

**General Information**

Name: John Poole  
Address: 5355 Woodlake Trce, Gulf Breeze, FL 32563 PID 287997  
County: Santa Rosa

**AGENCY INFORMATION**

Organization	Suborganization	Title
Midway fire district	Board of Commissioners	Fire Commissioner

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
Special District	Midway Fire District	Fire Commissioner Seat #5

**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
Howard County Government	3430 Courthouse Dr Ellicott City, MD 20143	Retirement Plan
JM Home Repairs	5355 Woodlake Trace Gulf Breeze, FL 32563	Handyman Business

**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
N/A	

**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
Rocket Mortgage	1050 Woodward Ave Detroit, Mi 48226

**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**

***John Poole***

Digitally signed: 06/03/2024

Filed with COE: 06/03/2024