

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

SUPERVISOR OF ELECTIONS  
SARASOTA COUNTY  
2024 JUN 10 PM 1:01  
FILED 2024 JUN 10 PM 1:01  
SARASOTA COUNTY

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot:

TOM DESANE

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 SARASOTA COUNTY CHARTER REVIEW BOARD 3  
(Office) (District #)  
; I am a qualified elector of SARASOTA 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 Thomas F. Desane (631) 335-1076 ONEMORETOM@YAHOO.COM  
Signature of Candidate Telephone Number Email Address

Address Protected

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

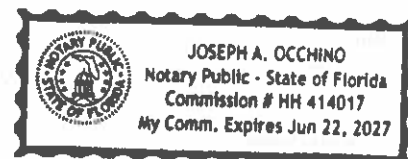
COUNTY OF SARASOTA

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 DRIVERS LICENSE

Joseph A. Occhino  
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 THOMAS F. DESANE. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is TOM DESANE. 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: Thomas F. Desane

STATE OF FLORIDA

COUNTY OF SARASOTA

Joseph A. Occhino  
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: FL DRIVERS LICENSE

