## **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 can	didate

SUPCARILOR OF ELECTIONS SARASOTA COUNTY FLORIBA

2024 JUN 13 PM 3: 17

vvnte-in candidate	FILED FOR RECORU  CARASOTA COUNTYOFFICE USE ONLY
Cand	idate Oath
Name to appear on ballot: Michael D.	Sprout
Check box if two last names without hy	phen. (Name cannot be changed after qualifying.)
Check box if name includes nickname. (For use of a nic	ckname, you must complete the Nickname Affidavit on reverse side.)
I swear or affirm that I am a candidate for the nonpartisan office of	Blackburn Creek CDD
(Circuit #) (Group or Seat #); I am a qualified elect	(Office) (District #) tor of SavaSofa County, Florida
have qualified for no other public office in the state, the term of wh	Florida to hold the office to which I desire to be nominated or elected; I nich office or any part thereof runs concurrent with the office I seek; and I gn pursuant to Section 99.012, Florida Statutes; and I will support the of Florida.
I owe outstanding fines, fees, or penalties, that cumulatively exce	ing Fines, Fees, or Penalties ed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).  NO, I Do Not
If you do, you must also specify the amount owed and each e	ntity that levied the same on the reverse side.
X Michael D. Aprent (941) 30 Signature of Candidate  13233 Stein hatchee Loop Ver Address of Legal Residence  City	ier Email Address
STATE OF FLORIDA	
COUNTY OF Sara Sota	Signature of Notary Public
Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this day of OR Produced Identification Produced:	Print, Type, or Stamp Commissioned Name of Notary Public below:  LINETTE M. CAPIERSEHO Commission # HH 368037 Expires March 26, 2027

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

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

Phonetic Spelling of Name					
wish it to be pronounced on the audio ba		oses): Print the name phonetically on the line below as you with disabilities (see instructions on page 3 of this form):			
Statement of Outstanding Fines, Fees or Penalties					
candidate, shall, at the time of subscribin or penalties that cumulatively exceed \$25	g to the oath or affirmation, state 50 for any violations of s. 8, Art. I	rty candidate, a candidate with no party affiliation, or a write-in e in writing whether he or she owes any outstanding fines, fees, ll of the State Constitution, the Code of Ethics for Public Officers governing standards of conduct and disclosure requirements, or			
Amount	The Admits of the State of the	Entity			
Man Sound In	000000				
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	4-				
Affidavit of	Nickname (Only require	d if using nickname for the ballot.)			
My legal name isaffidavit are true and correct.		I am over the age of eighteen (18) and the contents of this			
		I am generally known by this nickname or have used it as part My nickname does not imply I am some other person, constitute			
a political slogan or otherwise associate					
		1			
Signature of Candidate:	39,88,000	is me Translit of Date I'm			
STATE OF FLORIDA		ON com deviation and Exercis			
COUNTY OF		Signature of Notary Public			
Owner to (as offermed) and subscribed he	ofera ma hu maana	Print, Type, or Stamp Commissioned Name of Notary Public below:			
Sworn to (or affirmed) and subscribed be of online notarization \( \subseteq OR \) phy	_				
this day of, 20  Personally Known OR Produced Identification					
33		X 5 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Type of Identification Produced:	annon in the same	All the second s			
March 20, 2027	14754 NP 151				
DS-DE 302NP (Eff. 10/2023)		Rule 1S-2.0001, F.A.C.			