CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

OF ELECTION:

2024 JUN 10 PM 12: 18

OT TOUNG COUNTY

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

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Candida	ate Oath WINKY OWNER	
Name to appear on ballot: DENVER COOK		
Check box if two last names without hyphe	m. (Name cannot be changed after qualifying.)	
Check box if name includes risckname. (For use of a mickname)	ame, you must complete the Hickname Affidavit on reverse side.)	
I swear or affirm that I am a candidate for the office of $C/er/4$ of		
1		
(Circuit #) (Group or Seat #)	ST JOHNS County, Florida;	
(Circuit #) (Group or Seat #)		
have qualified for no other public office in the state, the term of which	wide to hold the office to which I desire to be nominated or elected; I office or any part thereof runs concurrent with the office I seek; and I pursuant to Section 99.012, Florida Statutes; and I will support the Florida.	
Statement of Party		
I sweer or affirm that I am a member of the	Party; I have been a registered member of this political	
party, for which I am seeking nomination as a candidate, for 365 day	s before the beginning of qualifying preceding the general election for	
	ist me, if any, by the executive committee of the above-stated political	
party.	. Fire Page of Page 1811	
Statement of Outstanding	g Fines, Fees, or Penalties	
I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.027(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.		
V O A	DENVER@DENVERCOOK, (a)	
Signature of Candidate Telephone Number	Email Address '.	
Address of Legal Residence City	State ZIP Code	
STATE OF FLORIDA	n	
COLINTY OF St. Johns	Signature of Notary Public	
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of Notary Public below:	
confine notarization \(\int \text{OR} \text{physical presence } \(\overline{\sqrt{V}} \)		
this 10th day of June 2014	DESIREE BAKER Notary Public, State of Florida	
	My Comm. Expires 09/06/2025	
Personally Known OR Produced Identification Type of Identification Produced: FL 0L	Commission No. HH172485	

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					
			candidate, shall, at the time of sub- or penalties that cumulatively exce	scribing to the oath or affirmation, stated \$250 for any violations of s. &, Art.	irty candidate, a candidate with no party affiliation, or a write-in te in writing whether he or she owes any outstanding lines, fees, If of the State Constitution, the Code of Ethics for Public Officers governing standards of conduct and disclosure requirements, or
			Amount		Entity
Affidavi	it of Nickname (Only require	d if using nickname for the ballot.)			
My legel name is		I am over the age of eighteen (18) and the contents of this			
affidavit are true and correct.		, ,			
of my legal name. I have not crea	eted the nickname to mislead voters. I ociate me with a cause or issue, or th	I am generally known by this nickname or have used it as part My nickname does not imply I am some other person, constitute at is obscene or profene.			
Signature of Candidate					
STATE OF FLORIDA					
COUNTY OF	***				
		Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:			
Swoon to (or affirmed) and subscri	•				
of anline notarization \(\begin{align*} \text{OR} & \text{OR} \\ \text{This.} & \text{This.} \\ \text{This.} & \text{This.} & \text{This.} \\ \text	- , ,				
this day of Personally Known D OR P					
	_				
Type of Identification Produced:					

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