CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

DS-DE 301A (Eff. 10/2023)

OF ELECTIONS

2024 JUN 10 PK 12: 32

ST JOHNS COUNTY

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

OFFICE USE ONLY
Candidate Oath
Name to appear on ballot: Henry DEAN
Check box if two last names without hyphen. (Name cannot be changed after qualifying.)
I swear or affirm that I am a candidate for the office of County Commission (Office) (District #)
; I am a qualified elector of STUBLE 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 Repub IICAN 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
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If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.
X Aunt De 1964 8/4-0/75 indeau 47 89 Hp; 6 con Signature of Candidate Telephone Number Email Address Email Address
224 N. Ferent Dune De 5TAMBUSTINE FL. 32080 Address of Legal Residence City I State ZIP Code
STATE OF FLORIDA
COUNTY OF St Johns 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 3 day of June 2004 TAMMIE M. SEIBOLD
Personally Known OR Produced Identification Francisco EXPIRES: June 26, 2027
Type of Identification Produced: C DC

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		
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 St. Johns 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 3 day of 0R Produced Identification OR Produced Identification Type of Identification Produced: Print, Type, or Stamp Commissioned Name of Notary Public below: TAMMIE M. SEIBOLD MY COMMISSION # HH 414537 EXPIRES: June 26, 2027		

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