CANDIDATE OATH	Section Section 18	
NONPARTISAN OFFICE	ST ST	
(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	2024 JUN 13 AM:: 0000 5 € 11 11 11 11 11 11 11 11 11 11 11 11 1	
candidate:		
Write-in candidate	STROBAS COUNTY OF PROBLEMS COUNTY OF STROBE	
Candidate Oath		
Name to appear on ballot:ToM_Req.100135		
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 AWASTASIA MOSQUITO CONTROL 3		
C.12	(Office) (District #)	
(Circuit #) (Group or Seat #); I am a qualified electron	or of St Johns Coulot 4 County, Florida	
(and any contract of the cont		
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 20.040. The interest 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		
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.		
X (GO4) 466 Signature of Candidate Telephone Number	-7547 Thomas F Rougolds @ Vahos.cox	
Signature of Candidate Telephone Number Tolephone Number	Email Address	
Address of Legal Residence City	State ZIP Code	
STATE OF FLORIDA	0	
COUNTY OF St. Johns	Signature of Notary Public & S	
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of Notary Public below:	
online notarization OR physical presence this 13th day of June, 20 34	DESIREE BAKER YOU DESIREE DAKER	
Personally Known OR Produced Identification	Notary Public, State of Florida	
Type of Identification Produced: FL DL	Commission No. HH172485 可之 元 元 元	
DS-DE 302NP Eff. 10/2023)	Rule 1S-2.0001, F.A.C.	

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):		
CATALLE AND		
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 FRANCIS Reynolds. 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 St. Johns	_12~	
Sworn to (or affirmed) and subscribed before me by means	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:	
of online notarization OR physical presence		
this 13th day of Ture, 2024.	DESIREE BAKER	
Personally Known OR Produced Identification	Notary Public, State of Florida	
Type of Identification Produced: FL DL	My Comm. Expires 09/06/2025 Commission No. HH172485	
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.	