CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

VOL SUP OF ELECTIONS
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	OFFICE USE ON	1L
Candida	ate Oath	
Name to appear on ballot: John Flemm		
Check box if two last names without hyphen	n. (Name cannot be changed after qualifying.)	
Check box if name includes nickname. (For use of a nickname)	ame, you must complete the Nickname Affidavit on reverse side.)	
I swear or affirm that I am a candidate for the office of Clerko	of the Circuit Court, Wasia County , (District #)	'
; I am a qualified elector of (Circuit #) (Group or Seat #)	Volusia County, Florida	а;
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 Party, for which I am seeking nomination as a candidate, for 365 days which I seek to qualify; and I have paid the assessment levied against party.		for
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 LDo Not X	
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.		
x Fahr 4. Ll. W (407)488-6079	9 info@johnflemm.com	
Signature of Candidate Telephone Number	Email Address	
750 Middleton St DeBary	FL 32713	
Address of Legal Residence City STATE OF FLORIDA	State ZIP Code	
COUNTY OF YOUSIG	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:	
online notarization OR physical presence	ASY Pue.	
this 6th day of June , 2024.	JACQUELYN GORMAN * 配型量 * Commission # HH 482316	
Personally Known OR Produced Identification	Expires February 11, 2028	
Type of Identification Produced: FL Driver License		
DS-DE 301A (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.	