

**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 candidate

RECEIVED JUN 11 2024

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot:

JASON Leslie

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 Mayor (Office) \_\_\_\_\_ (District #) \_\_\_\_\_  
\_\_\_\_\_; I am a qualified elector of Volusia 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 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 X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X \_\_\_\_\_ (386) 293-1394 jason4mayor@goval.com  
Signature of Candidate Telephone Number Email Address  
3 Arbor Lake Park Ormond Beach FL 32174  
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me by means of  
online notarization ☐ OR physical presence ☒  
this 11 day of June, 2024.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



SUSAN CARROLL DAUDERIS  
Notary Public  
State of Florida  
Comm# HH200073  
Expires 11/17/2025