CANDIDATE OATH

DS-DE 302NP (Eff. 10/2023)

RECEIVED JUN 1 0 2024

(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:	WEGELVED 2014 I A CORA
Write-in candidate	OFFICE USE ONLY
	idate Oath
Cand	idate Oatri
Name to appear on ballot: HARCLO BRIL	εY
Check box if two last names without hy	phen. (Name cannot be changed after qualifying.)
Check box if name includes nickname (For use of a nic	ckname, you must complete the Nickname Affidavit on reverse side.)
I swear or affirm that I am a candidate for the nonpartisan office of	of ORMOND BEACH CITY COMMISSIONER 4 (Office) (District #) For of VOLUSIA County, Florida
; I am a qualified elect (Circuit #) (Group or Seat #)	or ofCounty, Florida
have qualified for no other public office in the state, the term of wh	Florida to hold the office to which I desire to be nominated or elected; I nich office or any part thereof runs concurrent with the office I seek; and I gn pursuant to Section 99.012, Florida Statutes; and I will support the of Florida.
- C-	ing Fines, Fees, or Penalties
	ed \$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 e	ntity that levied the same on the reverse side.
Signature of Candidate Signature of Candidate Telephone Numb Rucus Address of Legal Residence City	
STATE OF FLORIDA	SiDan de a
COUNTY OF Volusia	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	SUSAN CARROLL DAUDERIS Notary Public
this 10 day of June, 20 34.	: Exate of Florida
Personally Known OR Produced Identification	Comm# HH200073 Expires 11/17/2025
Type of Identification Produced:	

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

	Phonetic Spel	ling of Name
Phonetic spelling for the audio ballot wish it to be pronounced on the audio ballot	allot as may be used by perso	urposes): Print the name phonetically on the line below as you ons with disabilities (see instructions on page 3 of this form): — E E
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.		
NIA		
Affidavit of	Nickname (Only requi	ired if using nickname for the ballot.)
		f inhter (40) and the contents of this
My legal name isaffidavit are true and correct.		I am over the age of eighteen (18) and the contents of this
My nickname is	ne nickname to mislead voter e me with a cause or issue, or	
STATE OF FLORIDA		
COUNTY OF VOLUSICO		Sparter
OUNTI OF TOTAL	water Processor Annother	Signature of Notary Public
Sworn to (or affirmed) and subscribed b	pefore me by means	Print, Type, or Stamp Commissioned Name of Notary Public below
1 983 S	ysical presence	SUBAN CARROLL DAUDERIS
this 10 day of June	, 20 <u>24</u>	Notary Public State of Florida
Personally Known OR Produ		Comm# HH200073 Expires 11/17/2025
Type of Identification Produced:		Educa Tri Toland

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