## **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



TYTIC III CANDIGATE	OFFICE USE ONLY	
Candidate Oath		
Name to appear on ballot: 500+	+ Stiltwer	
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 the nonpartisan of the nonpartisan office of the nonpartisan of the nonpartisa	of Mayor - City of Port Orange (District #) or of Volusia County, Florida	
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.).		
350	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.		
if you do, you must also specify the amount owed and each entity that levied the same on the reverse side.		
X (386) 871 Signature of Candidate Telephone Numb		
Address of Legal Residence City	State ZIP Code	
STATE OF FLORIDA COUNTY OF OUNTS	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 this day of OR Produced Identification Type of Identification Produced:	TRACEE CODY  Commission # HH 263572  Expires May 11, 2026	
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.	

Phonetic Spelling of Name	
Phonetic spelling for the audio ballot wish it to be pronounced on the audio ballot	not required for qualifying purposes): Print the name phonetically on the line below as you not as may be used by persons with disabilities (see instructions on page 3 of this form):
Statem	nt 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 I	ckname (Only required if using nickname for the ballot.)
of my legal name. I have not created the	Scatt Stiltner I am over the age of eighteen (18) and the contents of this Stiltner. I am generally known by this nickname or have used it as part lickname to mislead voters. My nickname does not imply I am some other person, constitute with a cause or issue, or that is obscene or profane.
Signature of Candidate:	4 Sather
STATE OF FLORIDA COUNTY OF	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed be	re me by means
this 12 day of June	Identification Traces CODY  TRACES CODY  Commission # HH 203572  Expires May 11, 2026
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.