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

CITY OF ORANGE CITY RECEIVED JUN 0 7 2024 CITY CLERK'S OFFICE

| Write-in candidate | | |
|--------------------|--|--|

| Write-in candidate | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | OFFICE USE ONLY | | | | | | | |
| Candidate Oath | | | | | | | | |
| Name to appear on ballot: Man boight | | | | | | | | |
| 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 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 nonpart | (District #) | | | | | | | |
| (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 | | | | | | | |
| If you do, you must also specify the amount owed and each e | ntity that levied the same on the reverse side. | | | | | | | |
| in you do, you must also specify the uniount offed and each entity that terror are sum on the reverse size. | | | | | | | | |
| Signature of Candidate Telephone Numb | 5-9165 Carala los @ gmall.com | | | | | | | |
| 1555 N. Silverstone Ct. Orr | rae City, PL 32763 | | | | | | | |
| Address of Legal Residence City | State ZIP Code | | | | | | | |
| STATE OF FLORIDA | | | | | | | | |
| 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 | Print, Type, or Stamp Commissioned Name of Notary Public below. | | | | | | | |
| online notarization OR physical presence | KALEY BURLESON Commission # HH 079381 | | | | | | | |
| this, 20, 20 | Fypires January 11, 2025 | | | | | | | |
| Personally Known OR Produced Identification | Bonded Thru Budget Notary Services | | | | | | | |
| Type of Identification Produced: | | | | | | | | |
| DS-DE 302NP (Eff. 10/2023) | Rule 1S-2.0001, F.A.C. | | | | | | | |

| | Thoriene openin | g or manne | | | | | |
|--|---|--|--|--|--|--|--|
| 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): | | | | | | | |
| Day Tall | | | RAY K'S | | | | |
| Statem | ent of Outstanding Fi | nes, Fees or Pe | enalties N | | | | |
| 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 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | \ | | | | | | |
| | | | | | | | |
| | 1/// | | | | | | |
| | | | | | | | |
| | , | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Affidavit of | Nickname (Only required | d if using nickname | e for the ballot.) | | | | |
| My legal name isaffidavit are true and correct. | | I am over the age | e of eighteen (18) and the contents of this | | | | |
| My nickname is | | I am generally know | n 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. | | | | | | | |
| | 2 | | | | | | |
| Signature of Candidate: | | Λ, | • | | | | |
| STATE OF FLORIDA | | | | | | | |
| COUNTY OF VOIUSIO | | Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: | | | | | |
| Sworn to (or affirmed) and subscribed be | efore me by means | Print, Type, or Stamp | Commissioned Name of Notary Public below. | | | | |
| of online notarization OR phy | ysical presence 💢 | | | | | | |
| this day of | , 20_24 | ANRY PUB | KALEY BURLESON | | | | |
| | ed Identification | * 25. * | Commission # HH 079381 Expires January 11, 2025 | | | | |
| Type of Identification Produced: | | FIE OF FLORE | Bonded Thru Budget Notary Services | | | | |
| | | | | | | | |
| DS-DE 302NP (Eff. 10/2023) | | | Rule 1S-2.0001, F.A.C. | | | | |