NONPARTISAN O (Do not use this form if a Judicial or Scho Check box <i>only</i> if you are seeking to candidate:			
	ool Board Candidate)		
Write-in candidate			
			OFFICE USE ONL
	Candi	date Oath	
Name for Ballot:	1	1	1
First		/Initial/and/or/Nickname de for Nickname Affidavit.)	Last Name Suffix
I swear or affirm that I am a candidate f	for the nonpartisan office c	of(Office)	,,,
			(District #)
(Circuit #) (Group or Seat #)	; I am a qualified electo	pr of	County, Florid
Staten		ng Fines, Fees, or Penalt	
	YES, I Do	NO, I Do Not	
If you do, you must also specify the ar	mount owed and each er	ntity that levied the same on the re	verse side.
	( )		
X	. ,		
X Signature of Candidate	Telephone Numbe	ər	Email Address
	City	er State	Email Address ZIP Code
Signature of Candidate			
Signature of Candidate         Address of Legal Residence		State	ZIP Code
Signature of Candidate Address of Legal Residence STATE OF FLORIDA	City	State Signature of Notary Public	ZIP Code
Signature of Candidate Address of Legal Residence STATE OF FLORIDA COUNTY OF	City efore me by means of	State Signature of Notary Public	ZIP Code
Signature of Candidate Address of Legal Residence STATE OF FLORIDA COUNTY OF	City efore me by means of hysical presence	State Signature of Notary Public	ZIP Code
Signature of Candidate         Address of Legal Residence         STATE OF FLORIDA         COUNTY OF	City efore me by means of hysical presence	State Signature of Notary Public	ZIP Code
Signature of Candidate         Address of Legal Residence         STATE OF FLORIDA         COUNTY OF	City efore me by means of hysical presence, 20 ced Identification	State Signature of Notary Public	ZIP Code

## 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.

Amount	Entity

Affidavit of Nickname		
My legal name is I am over the contents of this affidavit are true and correct.	he age of eighteen (18) and the	
My nickname is I am generally kn it as part of my legal name. I have not created the nickname to mislead voters. My nicknam person, constitute a political slogan or otherwise associate me with a cause or issue, or that	ne does not imply I am some other	
Signature:		
STATE OF FLORIDA		
COUNTY OF Signature of Nota Sworn to (or affirmed) and subscribed before me by means of	ary Public sioned Name of Notary Public below:	
online notarization OR physical presence		
Personally Known OR Produced Identification		
Type of Identification Produced:		
DS-DE 302NP (Eff. /2023)	Rule 1S-2.0001, F	