

# 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

OFFICE USE ONLY

### Candidate Oath

Name for Ballot: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Name/Initial/and/or/Nickname Last Name Suffix  
(See reverse side for Nickname Affidavit.)

I swear or affirm that I am a candidate for the nonpartisan office of \_\_\_\_\_, \_\_\_\_\_,  
(Office) (District #)  
\_\_\_\_\_, \_\_\_\_\_; I am a qualified elector of \_\_\_\_\_ 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 \_\_\_\_\_

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

X ( )  
Signature of Candidate Telephone Number Email Address

Address of Legal Residence City State ZIP Code

### 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 before me by means of  
online notarization  OR physical presence

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Personally Known  OR Produced Identification

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

