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

BAY COUNTY SOE 32 BAY COUNTY SOE 51

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, DAVID HOLT

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of LAKE POWELL COMMUNITY DEVELOPMENT DISTRICT *(Office)*, _____ *(District #)*,

_____ *(Circuit #)*, 1 *(Group or Seat #)*; I am a qualified elector of BAY County, Florida;

I am qualified 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 117277107

Phonetic spelling for audio ballot: Print 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 2 of this form): *[Not applicable to write-in candidates.]*

X [signature] 850 890-3190 bikinidavespcb@gmail.com

Signature of Candidate | Telephone Number | Email Address

1511 MARSH POINT LN PANAMA CITY BCH FL 32413

Address | City | State | ZIP Code

STATE OF FLORIDA

COUNTY OF BAY

Sworn to (or affirmed) and subscribed before me by physical ✓ or online ___ presence this 12th day of June, 2020

Personally Known: _____ or Produced Identification: ✓

Type of Identification Produced: Fl. D.L.

[signature]

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

JAVINA WARD
Notary Public - State of Florida
Commission # GG 320058
My Comm. Expires Jul 31, 2023
Bonded through National Notary Assn.

DS-DE 302NP (Rev. 04/20)

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