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 to appear on ballot: Larry J. Couch 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 Beach Mosquito Control District (District #) : I am a qualified elector of Bay County, Florida (Circuit #) 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.). NO. I Do Not X YES. I Do If you do, you must also specify the amount owed and each entity that levied the same on the reverse side. (850)596-2461 ljc357@hotmail.com Telephone Number Email Address 406 Burnham Ave Panama City Beach FI. 32413 ZIP Code Address of Legal Residence State STATE OF FLORIDA COUNTY OF Port 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 V this 7th day of June OR Produced Identification Personally Known Type of Identification Produced:__

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

DS-DE 302NP (Eff. 10/2023)