

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:

DAVID HOLT

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.)

LAKE POWELL COMMUNITY
DEVELOPMENT DISTRICT

I swear or affirm that I am a candidate for the nonpartisan office of

(Office)

(District #)

1 ; I am a qualified elector of BAY 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 X

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

X David Holt

Signature of Candidate

1850 890-3190

Telephone Number

dholt1511@gmail.com

Email Address

1511 MARSH POINT LN

Address of Legal Residence

PANAMA CITY BCH

City

FL

State

32413

ZIP Code

STATE OF FLORIDA

COUNTY OF

Bay

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒
this 10 day of June, 2024.

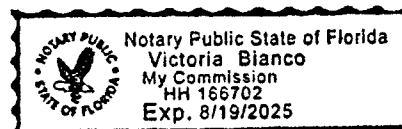
Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

Victoria Bianco

Signature of Notary Public

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



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