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:

2018 JUN 22 AM 9: 42

BROWARD COUNTY SUPERVISOR OF ELECTIONS OFFICE USE ONLY

Candidate Oath				
(Section 99.021(1)(a), Florida Statutes)				
1, JUAN CARLOS JOHN SOLIS				
(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 GRIFFIN LAKES DEVELOPMENT DISTRICT,				
1		(Office)		(District #)
(Circuit #) (Group or Seat #)	; I am a qualified elector of	Brow	ARD	_ 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): 102377650				
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.]				
Signature of Candidate	(954) 963 ~6 Telephone Number	717	Email Address	
2265 MARINER CT. Address	UNIT#2610	FT. LAUD, F	-L. 333 z	12 IP Code

Sworn to (or affirmed) and subscribed before me this 22 vd day of June , 20 18.

Personally Known: _____ or Produced Identification: _____

Type of Identification Produced: FLDL 5420-423-58-184-0



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

Signature of Notary Public

STATE OF FLORIDA

COUNTY OF Broward