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

Recu'd 2020JUN08PM12:15

OFFICE USE ONLY

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

I, _Rick Nelson_

(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 _Fleming Island Plantation CDD_ , _____ ,
                                                    (Office)   (District #)

_____ , _4_ ; I am a qualified elector of _Clay_ County, Florida;
(Circuit #)   (Group or Seat #)

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): _119 698 605_

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)_   (904) 891-1087   riverhillsrick@gmail.com
Signature of Candidate   Telephone Number   Email Address

1770 Victoria Chase Ct   _Fleming Island_   _FL_   _32003_
Address   City   State   ZIP Code

STATE OF FLORIDA

COUNTY OF _Clay_

Sworn to (or affirmed) and subscribed before me by ☑ physical or

☐ online presence this _1_ day of _June_ , 20_20_

Personally Known: _____ or Produced Identification: _✓_

Type of Identification Produced: _FL DL_

(signature)
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

LISA HOGAN
MY COMMISSION # GG347783
EXPIRES: August 31, 2023

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

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