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

I, _____Chad Davis_____

(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 _____Double Branch CDD_____ , _____ ,

_____(Office)_____ _____(District #)_____

_____ , _____3_____ ; 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): _____102903263_____

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.]*

~~En CH-A-d~~ Chad DA-VIS

X _____ (904) 568-9434 smdbuilders@yahoo.com
Signature of Candidate Telephone Number Email Address

600 LongCrest Lane Orange Park FL 32065
Address City State ZIP Code

STATE OF FLORIDA

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

COUNTY OF _____Clay_____

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

☐ online presence this __11__ day of __June__ , 20__20__.

Personally Known: _____ or Produced Identification: _✓_

Type of Identification Produced: _Driver License_

DS-DE 302NP (Rev. 04/20) Rule 1S-2.0001, F.A.C.