## 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: Record 2024JUN10PM12:21 Write-in candidate OFFICE USE ONLY Candidate Oath DAUER Name to appear on ballot: \ 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 Boltzng Hills CDD (Office) (District #) CIRY ; I am a qualified elector of 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.). NO. I Do Not YES, I Do If you do, you must also specify the amount owed and each entity that levied the same on the reverse side. Signature of Candidate Green Cove Sprangs ZIP Code 3384 Sprance Valley Ct Address of Legal Residence STATE OF FLORIDA 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 X

CHERYL ANN HYATT

Comm# HH227675

Expires 2/10/2026

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

Personally Known

Dune

OR

Type of Identification Produced: Drive/5 Lic.

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Produced Identification

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