

DIKEMAN  
18009 WINTHORPE DR.  
TAMPA FL, 33647

TAMPA FL 335  
SAINT PETERSBURG FL  
11 JUN 2022 PM 4 L

REC'D SOE JUN 14 22 AM 3:05

SUPERVISOR OF ELECTIONS OFFICE  
2514 N. FALKENBURG RD.  
TAMPA, FL. 33619

33619-092199



**CANDIDATE OATH  
NONPARTISAN OFFICE**

REC'D SOE JUN 14 22 PM 3:05

(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, Matt Dykeman,

(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 Arbor Greene Community Development District, \_\_\_\_\_,  
(Office) (District #)

2; I am a qualified elector of Hillsborough  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): 106504277

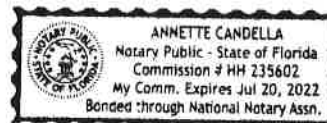
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

<b>X</b> <u>Matthew Dykeman</u>	(813) 526-1483	matthewjdykeman@gmail.com	
Signature of Candidate	Telephone Number	Email Address	
<u>18009 Wynthorne Dr</u>	<u>Tampa</u>	<u>FL</u>	<u>33647</u>
Address	City	State	ZIP Code

STATE OF FLORIDA  
COUNTY OF Hillsborough

Annette Candella  
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   
this 10 day of June, 2022.



Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)

**Matthew Jody Dykeman**

3. Address (include post office box or street, city, state, zip code)

18009 Wynthorne Dr Tampa FL 33647

4. Telephone

( 813 ) 526-1483

5. E-mail address

matthewjdykeman@gmail.com

6. Office sought (include district, circuit, group number)

Arbor Greene Community Development District Seat #2

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

**Matthew Dykeman**

11. Mailing Address

**18009 Wynthorne Dr**

12. Telephone

( 813 ) 526-1483

13. City

Tampa

14. County

Hillsborough

15. State

FL

16. Zip Code

33647

17. E-mail address

matthewjdykeman@gmail.com

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank

**JP Morgan Chase Bank**

20. Address

**5205 Cypress Preserve Dr**

21. City

Tampa

22. County

Hillsborough

23. State

FL

24. Zip Code

33647

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

25. Date

**6/10/2022**

26. Signature of Candidate

**X** 

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Matthew Dykeman, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

**6/10/2022**

Date

**X** 

Signature of Campaign Treasurer or Deputy Treasurer