

**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

SUPERVISOR  
OF ELECTIONS

2020 JUN -8 AM 9: 51

ST JOHNS COUNTY  
VICKY OAKES OFFICE USE ONLY

**Candidate Oath**

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

I, Darryl Howard

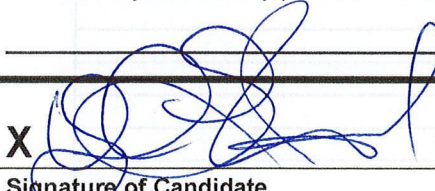
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Rivers Edge CDD, \_\_\_\_\_, \_\_\_\_\_  
(Office) (District #)  
Seat #3; I am a qualified elector of St. Johns 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.

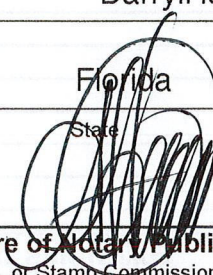
Candidate's Florida Voter Registration Number (located on your voter information card): 126103731

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  ( ) (610) 587-9807 DarrylHowardRT@gmail.com  
Signature of Candidate Telephone Number Email Address  
66 Perdido St St Johns Florida 32259  
Address City State ZIP Code

STATE OF FLORIDA


COUNTY OF St. Johns


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

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

online presence this 6<sup>th</sup> day of June, 2020.

Personally Known: \_\_\_\_\_ or Produced Identification: X

Type of Identification Produced: FL DL 

  
**Abel Hernandez-Estudillo**  
Notary Public  
State of Florida  
My Commission Expires 06/18/2022  
Commission No. GG 229582