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:

2022 JUN 13 PM 12: 39

ST JOHNS COUNTY ---

Write-in candidate

| | OFFICE USE ONLY |
|---|---|
| Candidate Oath | |
| (Section 99.021(1)(a), Florida Statutes) | |
| I, Alva A. Hollon, Jr. | , |
| (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 Municipal Services | Beach vice Vistrict of Ponte Vedra, seat 5, (Office) (District #) |
| ,,; I am a qualified elector of | St. Johns County, Florida; |
| 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 v | which office or any part thereof runs concurrent with the office |
| I seek; and I have resigned from any office from which I am rec | quired 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): 108000841 | |
| 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 Olube Holley Jr. (904) 273-1406 alhollong bellsouth net Signature of Candidate Telephone Number Email Address 551 Le Master Doive, Ponte Vedra Beach. FL 32082 | |
| 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 means of | |
| online notarization OR physical presence | DESIREE BAKER Notary Public, State of Florida My Comm. Expires 09/06/2025 Commission No. HH172485 |
| this day of June, 2022. | |
| Personally Known OR Produced Identification | Odministra No. 1111/2303 |
| Type of Identification Produced: FL DL | |