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:

OF ELECTIONS

2024 JUN 10 PH 12: 07

Write-in candidate	ST JOHNS COUNTY VICTY DAKES OFFICE USE ONLY
•	OFFICE USE ONLY
Candidate Oath	
Name to appear on ballot: David Ashworth	
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 $\frac{5eat.5}{(Circuit\#)}$; I am a qualified electric (Group or Seat #)	of Marshall Creek CDD (District #) tor of 57 Johns County, Florida;
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.).	
YES, I Do NO, I Do Not	
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.	
(650 393 3378 david Colash worth. de Signature of Candidate Telephone Number Email Address 7565 Loop Phuy St. Augustine FL 32095 Address of Legal Residence City State ZIP Code	
STATE OF FLORIDA	mily Ward
COUNTY OF T. WYY	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 day of OR Produced Identification	EMILY WARD MY COMMISSION # HH 461162 EXPIRES: November 2, 2027
Type of Identification Produced:	The state of the s
DS-DE 302NP LEff. 10/2023)	Rule 1S-2.0001, F.A.C.