

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

VOL SUP OF ELECTIONS
JUN 11 '24 PM 3:14

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

Kevin Kilian

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

Indigo Community Development District
(Office) (District #) Seat #4

4; I am a qualified elector of Volusia 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.).

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.

X

Signature of Candidate

3861405-2844

Telephone Number

Kilian.k928@gmail.com

Email Address

1218 Champions Dr

Address of Legal Residence

Daytona Beach

City

FL

State

32124

ZIP Code

STATE OF FLORIDA

COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

this 11th day of June, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL DL

Signature of Notary Public

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

