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

JUN 19 '18 PM 12:29

OFFICE USE ONLY

Candidate Oath

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

I, SANTIAGO AVILA, 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 DELTONA MAYOR (Office), _____ (District #)

_____ (Circuit #), _____ (Group or Seat #); I am a qualified elector of VOLUSIA 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 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): 111805167

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.]*

SAN-tee-ah-goo uh-VEE-lah jou-ni-err

X _____ (386) 456-9019 santiago@deltona1st.com

Signature of Candidate | Telephone Number | Email Address

PO Box 390311 | DELTONA | FL | 32739

Address | City | State | ZIP Code

STATE OF FLORIDA

COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me this 19th day of June, 2018.

Personally Known: _____ or Produced Identification: ✓

Type of Identification Produced: [redacted]

Karissa D. Green

Signature of Notary Public

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

KARISSA D. GREEN
MY COMMISSION # GG012586
EXPIRES March 03, 2020
(407)398-0153 NotaryOfAmerica.com