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

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

I, _____ DAVID LOH _____

(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 _PONCE INLET TOWN COUNCIL SEAT # 3_ , _726_ ,
                                                                    (Office)   (District #)

_____ , _3_ ; I am a qualified elector of _VOLUSIA_ 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): _122615979_

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.]*

LOH

X _signature_   _386 248-5191_   _dtgflorida@aol.com_
Signature of Candidate   Telephone Number   Email Address

103 OCEAN WAY DR   PONCE INLET   FL   32127
Address   City   State   ZIP Code

STATE OF FLORIDA   _signature_
                                                    Signature of Notary Public
COUNTY OF _VOLUSIA_   Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this _1st_
day of _June_ , 20 _21_ .

Personally Known: _X_ or Produced Identification: _____

Type of Identification Produced: _____

DS-DE 302NP (Rev. 11/17)   Rule 1S-2.0001, F.A.C.