

**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

RECEIVED JUN 14<sup>th</sup> 2022  
10:13AM

OFFICE USE ONLY

**Candidate Oath**

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

I, Travis Sargent,

(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 City Commission, \_\_\_\_\_,  
(Office) (District #)

\_\_\_\_\_, 2; 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): 108511261

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.]

TRAV-IS SAA-JUHNT

X [Signature] (386) 481-0567 sargent4zone2@gmail.com  
Signature of Candidate Telephone Number Email Address

406 N. Beach St. Ormond Beach FL 32174  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Volusia

[Signature]  
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 14 day of June, 20 22

Personally Known  OR Produced Identification

Type of Identification Produced: DL Florida



SUSAN CARROLL DAUDERIS  
Notary Public  
State of Florida  
Comm# HH200073  
Expires 11/17/2025