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

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OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Matt Reinhart

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 Volusia County Council *(Office)*, 2 *(District #)*, N/A *(Circuit #)*, N/A *(Group or Seat #)*; I am a qualified elector of Volusia **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*** X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [signature]
Signature of Candidate

[redacted] Telephone Number

[redacted] Email Address

[redacted]
Address of Legal Residence City State 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 10 day of June, 2024.

Personally Known ☑ *OR* Produced Identification ☐

Type of Identification Produced: _____

[signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

ELIZABETH L. LEWIS
MY COMMISSION # HH 370467
EXPIRES: July 6, 2027

DS-DE 302NP (Eff. 10/2023)

Rule 1S-2.0001, F.A.C.