

**CANDIDATE OATH –
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

Candidate with party affiliation

Candidate with no party affiliation

Write-in candidate

SUPERVISOR
OF ELECTIONS

2020 MAY 26 PM 12:19

ST JOHN'S COUNTY
VICKY OAKES

OFFICE USE ONLY

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

I, Joe McAnarney

(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 office of County Commissioner, 1, _____,
(Office) (District #) (Circuit #)

_____ ; my legal residence is St. Johns County, Florida; I am a qualified elector
(Group or Seat #)

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 Party
(Section 99.021(1)(b), Florida Statutes)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the Democratic Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 108080196

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.]*

J-O M-A-K-A-N-AH-R-N-EE

<input checked="" type="checkbox"/> <u>Joe McAnarney</u>	(904) 230-6563	electjoemack@gmail.com	
Signature of Candidate	Telephone Number	Email Address	
1005 Blackberry Lane	Saint Johns	FL	32259
Address	City	State	ZIP Code


STATE OF FLORIDA
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me by physical or
 online presence this 26 day of MAY, 2020.

Personally Known: _____ or Produced Identification: X

Type of Identification Produced: FL Driver Lic

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



KAREN DINGEE
Notary Public, State of Florida
Commission# GG 353199
My comm. expires Aug. 16, 2023