

**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

SUPERVISOR  
OF ELECTIONS

2020 MAY 27 PM 1:42

ST JOHN'S COUNTY  
VICKY OAKS

OFFICE USE ONLY

**Candidate Oath**

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

I, Michael Morgenstern

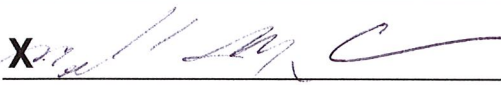
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Supervisor of St Johns Forest CDD, \_\_\_\_\_, \_\_\_\_\_,  
(Office) (District #)  
\_\_\_\_\_, Seat #5; I am a qualified elector of St. Johns  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): 117906828

**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.]  
Mik El Moor Gen Stirn

X  (904) 325-7558 michael.morgenstern@gmail.com  
Signature of Candidate Telephone Number Email Address  
247 North Arabella Way St Johns Florida 32259  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF ST. JOHNS

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

Sworn to (or affirmed) and subscribed before me by  physical or  
 online presence this 27 day of MAY, 2020.  
Personally Known: \_\_\_\_\_ or Produced Identification:   
Type of Identification Produced: FL DL

VITA THOMPSON  
Notary Public, State of Florida  
My Comm. Expires 02/26/2023  
Commission No. GG306060