

**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 JUN -8 PM 2:21

ST JOHNS COUNTY
VICKY OAKES
OFFICE USE ONLY

Candidate Oath

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

I, Robert "Bob" CAMERON

(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 Rivers Edge CDD, _____
(Office) (District #)

_____, 3; I am a qualified elector of Saint 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): 125918506

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.]

CAM RON

X [Signature] (678) 640-8449 RCAMER09@yahoo.com
Signature of Candidate Telephone Number Email Address
72 SORRELL CT. Saint Johns FL 32259
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF ST. JOHNS

Sworn to (or affirmed) and subscribed before me by ☒ physical or
☐ online presence this 8th day of JUNE, 2020

Personally Known: _____ or Produced Identification: ☒

Type of Identification Produced: FL DL.

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

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