

**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 12 AM 9:22

ST JOHNS COUNTY
VICKY OAKES

OFFICE USE ONLY

Candidate Oath

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

I, Marco E Klouanish

(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.)

I am a candidate for the nonpartisan office of Port Waterway and Beach, _____, _____
(Office) (District #)

_____ , 2 ; I am a qualified elector of St Johns County 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): 115504496

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.]

X [Signature] (904) 439 0510 Marco Klouanish@gmail.com
Signature of Candidate Telephone Number Email Address

135 Ashbyland way St Augustine FL 32086
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF ST. JOHNS

[Signature]
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 12th day of JUNE, 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