

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**

SUPERVISOR
OF ELECTIONS

2022 JUN 16 AM 9:51

ST. JOHNS COUNTY
VICKY BAKER

OFFICE USE ONLY

Candidate Oath

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

I, LaShawnda L. Pinkney,

(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.)

am a candidate for the office of Office of County Commissioner , 2, _____,
(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)

I am a member of the Republican Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, 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, by the executive committee of the above-stated political party.

Candidate's Florida Voter Registration Number (located on your voter information card): 103770962

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):

Lah-Shawn - duh L Pingk-nee

LaShawnda L. Pinkney _____ votelpinkney@gmail.com
Signature of Candidate Telephone Number Email Address

Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF St. Johns

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

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 16 day of June, 2022.
Personally Known OR Produced Identification
Type of Identification Produced: _____

DESIREE BAKER
Notary Public, State of Florida
My Comm. Expires 09/06/2025
Commission No. HH172485