

SUPERVISOR
OF ELECTIONS

2022 JUN 13 PM 3:43

ST JOHNS COUNTY
VICKY OAKES

OFFICE USE ONLY

CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION

Candidate Oath

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

I, Johnny Coe Counts

(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 County Commission, 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

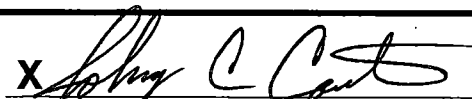
(Section 99.021(1)(b), Florida Statutes)

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): 107450568

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):

J-OO-N-EE KO K-OU-N-T-S

<u>X</u> 	(386) 937-0000	jccounts@msn.com	
Signature of Candidate	Telephone Number	Email Address	
<u>9470 Barrel Factory Rd</u>	<u>Hastings</u>	<u>FL</u>	<u>32145</u>
Address	City	State	ZIP Code

STATE OF FLORIDA

COUNTY OF St. Johns

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 10 day of June, 2022.

Personally Known OR Produced Identification

Type of Identification Produced: _____


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

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