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

2022 JUN 13 PM 12: 35

ST JOHNS COUNTY VICKY OAKES

vvrite-in candidate	VICKY OAKES	OFFICE USE ONLY
Candidate Oath (Section 99.021(1)(a), Florida Statutes) 1, CHNTHIA GARRIS		
(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 City Comp	MISSIONER STAUGUSTINE (Office)	,
(Circuit #), (Group or Seat #); I am a qualified elector of	ST Johns	County, Florida;
I am qualified under the Constitution and the Laws of Florida	to hold the office to which I desire to be no	ominated or elected; I
have qualified for no other public office in the state, the term of	of which office or any part thereof runs conc	current with the office
I seek; and I have resigned from any office from which I am		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): 107981835		
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.] Sin-thee-uh Gehr-us		
X Cyrthin Jarris (904) 377 Signature of Candidate Telephone Number Address Address City	Augustine T	TSE ROL.COM 35084 ZIP Code
STATE OF FLORIDA	Trike F. Ward	<u> </u>
COUNTY OF St. Johns	Signature of Notary Public Print, Type, or Stamp Commissioned Name of No	otary Public below:
Sworn to (or affirmed) and subscribed before me by means of online notarization \(\begin{align*} OR \\ \text{physical presence} \end{align*} \) this \(\begin{align*} 3 \\ \text{day of} \\ \text{OR} \\ \text{Produced Identification} \end{align*} \) Personally Known \(\begin{align*} OR \\ \text{Produced Identification} \end{align*}	ERIKA E. WARD Notary Public, State of Flori My Comm. Expires 05/04/20 Commission No. GG968223	24
Type of Identification Produced:	_	