CANDIDATE OATH -SUPERVISOR SCHOOL BOARD NONPARTISAN OFFICE OF ELECTIONS Check box only if you are seeking to qualify as a 2022 JUN 13 PM 12: 20 write-in candidate: Write-in candidate ST JOHNS COUNTY OFFICE USE ONLY **Candidate Oath** (Section 99.021(1)(a) and 105.031, Florida Statutes) (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 ; I am a qualified elector of 57, Johns County, Florida; 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. Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida. Candidate's Florida Voter Registration Number (located on your voter information card): 107976712 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.] KEH-lee BAH-reh-RAH 1904 472 - 6936 GNKBARR & GNAIL. COM Telephone Number Email Address GREENCREST DR. PONTE VEDRA BCH FLORIDA 32082 State ZIP Code STATE OF FLORIDA COUNTY OF \ 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

Type of Identification Produced:

OR

physical presence

OR Produced Identification

online notarization

this 3 1st day of __

Personally Known

ERIKA E. WARD

Notary Public. State of Florida

My Comit. Expires 05/04/2024 Commission No. GG968223