

**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 3:51

**ST. JOHNS COUNTY  
VICKY OAKES OFFICE USE ONLY**

**Candidate Oath**

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

I, JIM SPRINGFIELD,

(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 ST. AUGUSTINE CITY COMMISSIONER, -  
(Office) (District #)  
-, 5; I am a qualified elector of St. Johns 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): 10977588

**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) 669-3225 JSPRINGFIELD@mac.com  
Signature of Candidate Telephone Number Email Address  
6 ALTHEA ST ST. AUGUSTINE FL 32084  
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 8 day of June, 2022.

Personally Known ☐ OR Produced Identification ☒  
Type of Identification Produced: FL DL

[Signature]  
**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