

**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 14 PM 2: 26

ST. JOHNS COUNTY OFFICE USE ONLY
VICKY OAKES

Candidate Oath

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

I, MELINDA RAKONCAY,

(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): 107965166

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.]

MAH lin dah RAH kon SAY

Melinda Rakoncay (904) 806-3849 Melinda4CC@gmail.com
Signature of Candidate Telephone Number Email Address

86 MAGNOLIA AVE 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 14 day of June, 2022.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

[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