

SUPERVISOR OF ELECTIONS

2022 JUN 15 AM 11:26

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, KRISTA KEATING-JOSEPH

(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, District # 4, 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): 115633713

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):

Signature of Candidate: [Handwritten Signature] Telephone Number: (352) 212-2188 Email Address: kkeatingjoseph@gmail.com Address: 121 Lagoon Forest Dr. City: Ponte Vedra Beach State: Florida ZIP Code: 32082

STATE OF FLORIDA COUNTY OF St. Johns

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

Sworn to (or affirmed) and subscribed before me by means of online notarization [ ] OR physical presence [X] this 15 day of June, 2022. Personally Known [X] OR Produced Identification [ ] Type of Identification Produced:

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