

**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 15 PM 3:44

**ST JOHNS COUNTY
VICKY OAKES**

OFFICE USE ONLY

Candidate Oath

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

I, Nancy Sikes-Kline

(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 Mayor City Commission Seat 3

(Office)

(District #)

3; 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): 107969407

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.]

[Signature] 1904 806-6203 Vote4nancy@aol.com

Signature of Candidate

Telephone Number

Email Address

15 Mirvela Av St. Augustine FL 32080

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF St. Johns

[Signature]

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

online notarization OR physical presence

this 15 day of June, 2022.

Personally Known OR Produced Identification

Type of Identification Produced: _____

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