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:

SUPERVISOR OF ELECTIONS

2022 JUN 15 AM 11: 40

ST JOHNS COUNTY

Write-in candidate	VICKY OAKES	OFFICE USE ONLY
Candidate Oath (Section 99.021(1)(a), Florida Statutes)		
I, BRIAN J. WING	(a), 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 TURUBULL	CREEK CDD	
(Circuit #), (Group or Seat #); I am a qualified elector of	ST. JOHNS	(Óistrict #)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.		
Candidate's Florida Voter Registration Number (located on your voter information card): 119754961		
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 of Candidate 3904 South TRAPANI DE. ST. AUG Address City STATE OF FLORIDA	1) State	O MSH. COMLess ZO 9 Z ZIP Code
COUNTY OF St. Johns	Signature of Notary Public Print, Type, or Stamp Commissioned Name of N	otary Public below:
Sworn to (or affirmed) and subscribed before me by means of online notarization \(\bigcup OR \) physical presence \(\bigcup \) this \(\bigcup 15 \) day of \(\bigcup OR \) Produced Identification \(\bigcup \) Type of Identification Produced: \(\bigcup FL \) \(\bigcup L \)	DESIREE BAKER Notary Public, State of Florida My Comm. Expires 09/06/2025 Commission No. HH172485	i ;