CANDIDATE OATH		
SCHOOL BOARD NONPARTISAN OFFICE		~
Check box <i>only</i> if you are seeking to qualify as a write-in candidate:  Write-in candidate	<u> </u>	SUPER OF ELE 2022 JUN 13
	0.4	OFFICE USE ONLY
Candidate (Section 99.021(1)(a) and 105	Oath	SOR IONS
(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	(Office)	,,,,,,,,
(Circuit #), (Group or Seat #); I am a qualified elector of	of Johns County	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.  Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.		
Candidate's Florida Voter Registration Number (located on your voter information card): 15 9 601466		
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 Jump 12 Ollico (84) 501-4989 yernifor Vote ferrifor Ollins of Signature of Candidate  Telephone Number  Email Address		
Signature of Candidate  15   Naut W5 Rd - 57 Augustrue  Address City	TL State	3 70SU ZIP Code
STATE OF FLORIDA  COUNTY OF St. Johns  Signature of Notary Public		
Sworn to (or affirmed) and subscribed before me by means of		
online notarization OR physical presence this 7 day of 7 Ave , 2011.  Personally Known OR Produced Identification	DESIREE BAKER Notary Public, State of My Comm. Expires 09/0 Commission No. HH1	Florida 06/2025
Type of Identification Produced: FL IO		<b>l</b>

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