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 13 PM 12: 53

write-in candidate:	
Write-in candidate	ST JOHNS COUNTOFFICE USE ONLY
	VICKY OAKES
Candidate Oath	
(Section 99.021(1)(a), Florida Statutes)	
I, DAVID W. VENTERS,	
(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 $AIRPORT$ $AUTHORITY$,	
am a candidate for the nonpartisan office of	
^	
,,, 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): 103264966	
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 Day W. 1904 631-9410 VENTERS 1212 COMCAST. NET Signature of Candidate Telephone Number Email Address	
116 CANOPY DAK LN PONTE VEORA FLORIDA 32081 City State ZIP Code	
STATE OF FLORIDA	$\mathcal{D} \rightarrow \mathcal{C}$
mai mana l	Signature of Notary Public
COUNTY OF St. Johns	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	DESIREE BAKER
this 6 day of June 2011	Notary Public, State of Florida My Comm. Expires 09/06/2025
	Commission No. HH172485
Personally Known OR Produced Identification	
Type of Identification Produced: FL DL	