

**CANDIDATE OATH  
NONPARTISAN OFFICE**

**SUPERVISOR  
OF ELECTIONS**

**2022 JUN 15 PM 12:27**

**ST JOHNS COUNTY  
VICKY OAKES**

**OFFICE USE ONLY**

(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

**Candidate Oath**

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

I, Beth Sweeny

(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 St. Augustine Beach City Commission, \_\_\_\_\_  
(Office) (District #)

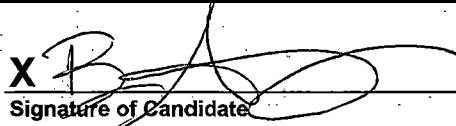
\_\_\_\_\_ 1 \_\_\_\_\_; I am a qualified elector of St. Johns \_\_\_\_\_ County, Florida;  
(Circuit #) (Group or Seat #)

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): 108073942

**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.]*

Beth SWEE - NEE

**X** 

Signature of Candidate

(239) 560-7315

Telephone Number

Bethmsweeny@gmail.com

Email Address

652 Sun Down Circle

Address

St. Augustine Beach

City

FL

State

32080

ZIP Code

STATE OF FLORIDA

COUNTY OF Florida St. Johns

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence   
this 14th day of June, 2022

Personally Known  OR Produced Identification

Type of Identification Produced: FLDL



Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

