## **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 PM 4: 01

ST JOHN'S COUNTY

| Write-in candidate   | VICKY DAKES  | OFFICE USE ONLY     |
|--|--|---------------------|
| Candidate Oath   |  |                     |
| (Section 99.021(1)(a), Florida Statutes)   |  |                     |
| 1, George M. Jacobs  |  |                     |
| (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 Turnbul.  (Circuit #), (Group or Seat #); I am a qualified elector of                   | I Creek CDD  |                     |
| # ~  | (Office)   | (District #)        |
| ; I am a qualified elector of  | St. Johns County   | 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):/   |  |                     |
| J OI   |  |                     |
| X Signature of Condidate Tolophone Number  | 3870 gm, ac  | 0 bs @ /4/00.       |
| Signature of eandidate  3237 (950 Golf of State)   | Email Addre  | ess                 |
| _2237 Cascadia CC STAUL  | ustini FL  | 32092               |
| Address City   | State  | ZIP Code            |
|  | do - Ad of pai   |                     |
| STATE OF FLORIDA   | Jennifer d. Kel  | <u>0-</u>           |
| COUNTY OF St. Johns  | Signature of Notary Public Print/Type, or Stamp Commissioned Name of No. | otary Public below: |
| Sworn to (or affirmed) and subscribed before me by means of  |  |                     |
| online notarization OR physical presence   | JENNIFER L. REIS   |                     |
| this 15 day of June , 2022,  | NOTARY PUBLIC<br>STATE OF FLORID   |                     |
| Personally Known OR Produced Identification  | NO. HH 271830<br>MY COMMISSION EXPIRES JUN                               | 1. 05, 2026         |
| Type of Identification Produced: D/L   |  |                     |