## 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 17 AM 11: 31"

| Write-in candidate  | ST JOHNS COUNTY OFFICE USE ONLY |
|---|---------------------------------|
| Candidate Oath  |                                 |
| (Section 00 021/1)(a) Florida Statutas)   |                                 |
| Susan G Phillips  |                                 |
| ,,  |                                 |
| (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 Hir port Authory Group Three (District #)  |                                 |
| Thurs (2)   | (Office) (District #)           |
| Three (3, Vam a qualified elector of  | St. John S 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.  |                                 |
| 101 000000  |                                 |
| Candidate's Florida Voter Registration Number (located on your voter information card): 126299398   |                                 |
| 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 Lucany July 1828 545-4093 SIPhillips/234  |                                 |
| Signature of Candidate  Telephone Number  Empail Address  |                                 |
| 215 01d V, UAGE CHUTEN ST. ALGUST NE FIL 32084  |                                 |
| Address City  | State ZIP Code                  |
| 6312  | 1 1 1 0 1                       |
| STATE OF FLORIDA  | Jennifo d'Rela                  |
| COUNTY OF St. Johns Sighature of Notary Public Prior, 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 JENNIFER L. REIS   |                                 |
| this 17 day of JUNO, 20 aa NOTARY PUBLIC STATE OF FLORIDA   |                                 |
| NO. HH 271830   |                                 |
| Personally Known OR Produced Identification MY COMMISSION EXPIRES JUN. 05, 2028  Type of Identification Produced:   |                                 |