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 ELECTION

2024 JUN 12 PM 3: 55

Write-in candidate	ST JOHNS COUNTY OFFICE USE ONLY
Cand	idate Oath
Name to appear on ballot: Way Ou Ou	Kes-Kline
Check box if two last names without hy Check box if name includes nickname. (For use of a nic	rphen. (Name cannot be changed after qualifying.) ckname, you must complete the Nickname Affidavit on reverse side.)
; I am a qualified elect	of Moyor City of Augstine, (District #)
I am a qualified elector under the Constitution and the Laws of have qualified for no other public office in the state, the term of wh	Florida to hold the office to which I desire to be nominated or elected; I nich office or any part thereof runs concurrent with the office I seek; and I gn pursuant to Section 99.012, Florida Statutes; and I will support the
	7
X (90f) BX Signature of Candidate Telephone Numb Address of Legal Residence City City	re 7 State Vote 4 nav cu 6 90(. com Email Address State ZIP Code
Sworn to (or affirmed) and subscribed before me by means of	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
online notarization \(\begin{align*} OR \\ \text{physical presence} \end{align*} \) this \(\begin{align*} \frac{1}{2} \\ \text{h} \\ \text{day of} \end{align*} \) Personally Known \(\begin{align*} OR \\ \text{Produced Identification} \end{align*} \) Type of Identification Produced:	DESIREE BAKER Notary Public, State of Florida My Comm. Expires 09/06/2025 Commission No. HH172485
DS-DE 302NP Eff. 10/2023)	Rule 15-2 0001 F A C

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):	
Statement (of Outstanding Fines, Fees or Penalties
Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, o chapter 106.	
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Affidavit of Nick	name (Only required if using nickname for the ballot.)
Amaavit of Nick	Tarne (Only required it using flick lattie for the ballot.)
My legal name is	I am over the age of eighteen (18) and the contents of this
affidavit are true and correct.	
My nickname is	. I am generally known by this nickname or have used it as par
	name to mislead voters. My nickname does not imply I am some other person, constitute h a cause or issue, or that is obscene or profane.
Signature of Candidate:	
STATE OF FLORIDA	
COUNTY OF	
	Signature of Notary Public
Sworn to (or affirmed) and subscribed before m	Print, Type, or Stamp Commissioned Name of Notary Public below ne by means
of online notarization \(\subseteq \) OR physical p	· —
this day of	
Personally Known OR Produced Idea	
Type of Identification Produced:	
•	
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.