CANDIDATE OATH	SUPERVISES
NONPARTISAN OFFICE	OF ELECTIONS
(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:	2024 JUN 10 PM 4:57
Write-in candidate	ST JOHNS COUNTY VICKY OAKES OFFICE USE ONL
Cand	idate Oath
Name to appear on ballot: GARY J.	BROWNEll
Check box if two last names without hy	phen. 🗌 (Name cannot be changed after qualifying.)
Check box if name includes nickname. 🗍 (For use of a nic	ckname, you must complete the Nickname Affidavit on reverse side.)
	MADERA CID
I swear or affirm that I am a candidate for the nonpartisan office of (<i>Circuit #</i>), September 444 I am a qualified elect	(Office) (District #)
, SEAT #4/ I am a gualified elect	or of ST. JOHN'S County, Florid
(Circuit #) (Group or Seat #)	
	ng Fines, Fees, or Penalties
I owe outstanding fines, fees, or penalties, that cumulatively exceed	ed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.)
If you do, you must also specify the amount owed and each e	ntity that levied the same on the reverse side.
x May 14 (91) 74	er STINE FL 22095
Signature of Candidate Telephone Numb	er Email Address
Address of Legal Residence City	State ZIP Code
STATE OF FLORIDA	a miller Ar land
COUNTY OF St. JOHNS	Signature of Notary Public
Sworn to (or affirmed) and subscribed before me by means of	Frint, Type of Stamp Commissioned Name of Notary Public below:
	EMILY WARD
this day of, 20	MY COMMISSION # HH 461162
Personally Known OR Produced Identification	EXPIRES: November 2, 2027
TI NI	OF FLOW
Type of Identification Produced:	A CONTRACT OF
Type of Identification Produced: <u>TL_DL</u> DS-DE 302NP Eff. 10/2023)	Rule 1S-2.0001, F.A.C.