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

2024 JUN 13 PH 4: 05

Write-in candidate	ST 10843 COUNTY	OFFICE USE ONLY
Candidate Oath		
Name to appear on ballot: Diana Jordan-Baldwin		
Check box if two last names without hyphen. (Name cannot be changed after qualifying.)		
Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)		
I swear or affirm that I am a candidate for the nonpartisan office of	f Turnbull Creek	(District #)
A	(Office)	(District #)
, 4; I am a qualified elector (Circuit #) (Group or Seat #)	or of Saint Johns	County, Florida:
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 which have resigned from any office from which I am required to resign Constitution of the United States and the Constitution of the State of Constitution of the United States and the Constitution of the States.	ich office or any part thereof runs concurren in pursuant to Section 99.012, Florida Stat of Florida.	t with the office I seek; and I
Statement of Outstanding Fines, Fees, or Penalties		
I owe outstanding fines, fees, or penalties, that cumulatively excee	ed \$250, for ethics or campaign finance viola NO, I Do Not X	tions (s. 99.021(1)(d), F.S.).
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.		
X Dury (904) 615-7	719 nkmand1	@yahoo.com
Signature of Candidate Telephone Number 4110 Messina Dr Saint Augustine		Address
4110 Messina Dr Saint Augustine Address of Legal Residence City	FL State	32092 ZIP Code
STATE OF FLORIDA	Mulsel	
COUNTY OF STANS	Signature of Notary Public	
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Na	me of Notary Public below:
online notarization OR physical presence		
this 13 day of 30 0 , 20	The second secon	
Personally Known OR Produced Identification	TAMMIE M. MY COMMISSIO	N # HH 414537
Type of Identification Produced: FLDL	EXPIRES: Ju	ne 26, 2027
DS-DE 302NP (Eff. 10/2023)		Rule 1S-2.0001, F.A.C.