CANDIDATE OATH - SCHOOL BOARD NONPARTISAN OFFICE

SUPERVISOR OF ELECTIONS
6495 CAROLINE ST., STE. F
MILTON, FL 32570-4592

2014 JUN 17 AM 9 38

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, Carol Boston
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of School Board (office), 3 (district #), _____ (circuit #), _____ (group or seat #); I am a qualified elector of Santa Rosa County, Florida; 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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X Carol Boston — **Signature of Candidate**

(850)496-1919 — **Telephone Number**

boston2014sb@gmail.com — **Email Address**

7136 East Bay Blvd. — **Address**

Navarre — **City**

Florida — **State**

32566 — **ZIP Code**

Candidate's Florida Voter Registration Number (located on your voter information card): 107535692

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (*see* instructions on page 2 of this form):

_____

STATE OF FLORIDA

COUNTY OF Santa Rosa

Sworn to (or affirmed) and subscribed before me this 17th **day of** June, **20**14.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: FL DL

MICHELLE R PEETERSE
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF044580
Expires 8/11/2017

Michelle Peeterse
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public