

CANDIDATE OATH
JUDICIAL OFFICE

PROTECTED

Check box *only* if you are seeking to qualify as a write-in candidate:

Write-in candidate

2024/01/26 AM 11:45
OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Amber May Thomas

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 judicial office of County Judge (Office) (District #)
Group 3 (Circuit #) (Group or Seat #); my legal residence is Citrus County, Florida;

I am a qualified elector of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the constitution and laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 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 (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 105.031(4) F.S.).

YES, I Do NO, I Do Not

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Amber Thomas
Signature of Candidate

amber.thomas15@gmail.com
Email Address

Address of Legal Residence _____ City _____ State _____ ZIP Code _____

STATE OF FLORIDA
COUNTY OF Citrus

Lindasue Holm
Signature of Notary Public

Print, 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

this 26th day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: _____

