

**CANDIDATE OATH –  
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

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OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Connie Thomas

*(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)*

am a candidate for the office of Clay County Board of Commissioners  , 3 , \_\_\_\_\_ ,  
(Office) (District #) (Circuit #)

\_\_\_\_\_ ; my legal residence is Clay  County, Florida; I am a qualified elector  
(Group or Seat #)

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.

**Statement of Party**

(Section 99.021(1)(b), Florida Statutes)

*(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)*

I am a member of the Republican Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

**Candidate's Florida Voter Registration Number** (located on your voter information card): 118489767

**Phonetic spelling for audio ballot:** Print 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 2 of this form): *[Not applicable to write-in candidates.]*

KAH-nee TAH-muhs

|                               |                    |                        |              |
|-------------------------------|--------------------|------------------------|--------------|
| <b>X</b> <u>Connie Thomas</u> | (904) 553-4336     | conniet32073@gmail.com |              |
| Signature of Candidate        | Telephone Number   | Email Address          |              |
| <u>2322 Carnes Street</u>     | <u>Orange Park</u> | <u>FL</u>              | <u>32073</u> |
| Address                       | City               | State                  | ZIP Code     |

STATE OF FLORIDA  
COUNTY OF Clay

Frances F. Nichols  
**Signature of Notary Public**  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by  physical or  
 online presence this 9 day of June, 2020.

Personally Known:  or Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

