

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:

☐

Write-in candidate

Recvd 2024JUN12PM12:12

OFFICE USE ONLY

Candidate OathName to appear on ballot: Scott Allen ThomasCheck 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 Dable Branch COD, _____, _____
(Office) (District #)
Scott I; I am a qualified elector of Clay County, Florida;
(Circuit #) (Group or Seat #)

I am a qualified elector 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 Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not X

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

X

Signature of Candidate

Telephone Number

Email Address

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF ClaySworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒this 12 day of June, 2024.Personally Known ☐ OR Produced Identification ☒Type of Identification Produced: FL Drivers License

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

