

**CANDIDATE OATH –  
SCHOOL BOARD  
NONPARTISAN OFFICE**

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

Write-in candidate

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2018 JUN 18 PM 12:05

SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

OFFICE USE ONLY

**Candidate Oath**

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, Angie Boynton

*(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 nonpartisan office of School Board, 4,  
(Office) (District #)  
; I am a qualified elector of Marion County, Florida;  
(Circuit #) (Group or Seat #)

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.

**Candidate's Florida Voter Registration Number** (located on your voter information card): 105640180

**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.]*

<b>X</b> <u>Angie Boynton</u>	(352) 817-9986	angeliaboynton@gmail.com
<b>Signature of Candidate</b>	Telephone Number	Email Address
34 NW 17th Ave	Ocala	FL 34475
Address	City	State ZIP Code

**STATE OF FLORIDA**  
**COUNTY OF** Marion

Kim Hankemeyer  
**Signature of Notary Public**  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 8<sup>th</sup>  
day of June, 20 18.

Personally Known: \_\_\_\_\_ or Produced Identification:   
Type of Identification Produced: FL Driver License



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2018 JUN -8 AM 9:19

SUPERVISOR OF ELECTIONS  
MADISON COUNTY, FLORIDA

2018 JUN 8 AM 9:19  
SUPERVISOR OF ELECTIONS  
MADISON COUNTY, FLORIDA