CANDIDATE OATH			
SCHOOL BOARD OFFICE	RECEIVED		
Check box only if you are seeking to qualify as a write-in candidate:	2024 JUN 1 0 PM 12: 29		
Write-in candidate	SUPERVISOR OF ELECTIONS ELECTION SERVIC CENTER OFFICE USE ONLY		
Candidate Oath			
Name to appear on ballot: Katie Blaxberg			
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 office of	Pinellas County School Board 5.		
Disallas			
I am a qualified elector of Pinellas County, Florida; 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.			
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 exce	ed \$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 / / (727)486-8	KatieBlaxberg@gmail.com		
Signature of Candidate Telephone Numb			
1655 St. Paul's Drive Clearwater Address of Legal Residence City	Florida 33764 State ZIP Code		
STATE OF FLORIDA	Oh Ratha		
COUNTY OF PINEllas	Signature of Notary Rublic		
Sworn to (or affirmed) and subscribed before me by means of	Prot. Type, or Stamp Commissioned Name of Notary Public below:		
online notarization OR physical presence			
this bt day of June 2024.	SARAH RATHKE		
Personally Known OR Produced Identification	Expires May 31, 2027		
Type of Identification Produced: FL VL			

Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):

Kay-T Blax-burg

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. If of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount		Entity	T
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NA	N/H		-
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Affidavit of	Nickname (Only require	ed if using nickname for the ballot.)	
My legal name is Kathleen Mar	rie Blaxberg	I am over the age of eighteen (18) and the contents of this	s
affidavit are true and correct.			
My nickname is Katie Blaxber	g	I am generally known by this nickname or have used it as par My nickname does not imply I am some other person, constitute	
a political slogan or otherwise associate			-
VM	\sim		
Signature of Candidate:			
STATE OF FLORIDA		1 Rota	
COUNTY OF Tonellas		And have	
		Signature of Notary Public Print Type, or Stamp Commissioned Name of Notary Public below	r:
Sworn to (or affirmed) and subscribed be		0	
of online notarization OR phy this between day of the second seco	vsical presence \square	SARAH RATHKE Commission # HH 404804	
Personally Known OR Produc	ed Identification 🔯	Expires May 31, 2027	
Type of Identification Produced:	DL		