

CANDIDATE OATH

SCHOOL BOARD NONPARTISAN OFFICE

2022 JUN 13 PM 12:00

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

Write-in candidate

OFFICE USE ONLY

Candidate Oath

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

I, CAROL BOSTON,
(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, 3,
(Office) (District #)

; I am a qualified elector of SANTA ROSA 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): 107 535 692

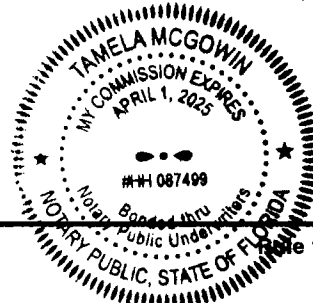
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*

X Carol Boston (850) 496-1919 BOSTON4SCHOOLBOARD@GMAIL.COM
Signature of Candidate Telephone Number Email Address
7136 EAST BAY BLVD NAVARRE FL 32566
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Santa Rosa

Tamela R. McGowin
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 31st day of May, 2022
Personally Known OR Produced Identification
Type of Identification Produced: _____



General Information		
Name:	Mrs Carol Boston	
Address:	7136 East Bay Blvd, Navarre, FL 32566-9013	
County:	Santa Rosa	2022 JUN 13 PM12:00
AGENCY INFORMATION		
Organization	Suborganization	Title
Santa Rosa County School Board	Elected Constitutional Officer	Board Member
CANDIDATE FOR		
Position	Agency Name	Position sought or held
District School Board	Santa Rosa County	Santa Rosa County School Board District 3

Net Worth
My Net Worth as of <u>May 1, 2022</u> was <u>\$ 1,255,489.00</u> .

Assets				
Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.				
The aggregate value of my household goods and personal effect is <u>\$ 1,275,489.00</u> .				
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left; padding: 2px;">Description of Asset</th> <th style="width: 40%; text-align: left; padding: 2px;">Value of Asset</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">N/A</td> <td style="padding: 2px;"></td> </tr> </tbody> </table>	Description of Asset	Value of Asset	N/A	
Description of Asset	Value of Asset			
N/A				

Liabilities		
LIABILITIES IN EXCESS OF \$1,000:		
Name of Creditor	Address of Creditor	Amount of Liability
Southeast Toyota Finance	PO box 991817 Mobile AL 36691-8817	\$ 20,000.00
JOINT AND SEVERAL LIABILITEIS NOT REPORTED ABOVE:		
Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income			
Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.			
PRIMARY SOURCES OF INCOME:			
Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount	
Santa Rosa County School Board	5086 Canal St. Milton FL	\$ 23,306.00	
SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):			
Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses
Business Entity # 1
N/A

Training

- I certify that I have completed the required training under Section 112.3142, F.S.
- Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Carol Boston

Digitally signed: 05/24/2022

Filed with COE: 05/24/2022