CANDIDATE OATH – SCHOOL BOARD NONPARTISAN OFFICE

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

☐ Write-in candidate

SUPERVISOR OF ELECTIONS

2022 JUN 13 PM 3:50

ST JOHNS COUNTY
VICKY OAKES **OFFICE USE ONLY**

Candidate Oath

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

I, Beverly Slough,

(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 St. Johns County School Board (Office), 1 (District #),

_____ (Circuit #), _____ (Group or Seat #); I am a qualified elector of St. Johns County, Florida;

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): 107964023

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.]*

Sl ow!

X Beverly Slough	(904) 210-7289	Bevslough1@gmail.com
Signature of Candidate	Telephone Number	Email Address

341 W. Adelaide Dr	Saint Johns	FL	32259
Address	City	State	ZIP Code

STATE OF FLORIDA

COUNTY OF St. Johns

Sworn to (or affirmed) and subscribed before me by means of online notarization ☐ *OR* physical presence ☑ this 7 day of June, 2022.

Personally Known ☑ *OR* Produced Identification ☐

Type of Identification Produced: _____

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

DESIREE BAKER
Notary Public, State of Florida
My Comm. Expires 09/06/2025
Commission No. HH172485