

**CANDIDATE OATH  
SCHOOL BOARD OFFICE**

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

Write-in candidate

OFFICE OF ELECTIONS

2024 JUN 10 PM 2:26

ST. JOHN'S COUNTY

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot. Linda Thomson

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 St. Johns County School Board, 5; (Office) (District #)

I am a qualified elector of St. Johns 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 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 Linda Thomson

(904) 669-2169

LindaFThomson@gmail.com

Signature of Candidate

Telephone Number

Email Address

415 N Ocean Grande Dr. #306

Ponte Vedra Beach

FL

32082

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF St. Johns

DESIREE BAKER  
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 10th day of June, 2024.

Personally Known  OR Produced Identification

Type of Identification Produced: FL DL

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

### 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):

### 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. II 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

### Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is \_\_\_\_\_ . I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is \_\_\_\_\_ . I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_