

**CANDIDATE OATH
SCHOOL BOARD OFFICE**

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

Write-in candidate

SUPERVISOR
OF ELECTIONS
2024 JUN 10 PM 1:11

ST. JOHNS COUNTY
VOTING OFFICES

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Lynn Straughan

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 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

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

Lynn Straughan (904) 806-4508 kidswinwithlynn@gmail.com
Signature of Candidate Telephone Number Email Address
504 Salt Wind Ct. E. Ponte Vedra Beach FL 32082
Address of Legal Residence 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 6th day of June, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: FL DL

DESIREE BAKER
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

