LOYALTY OATH
CANDIDATES WITH PARTY AFFILIATION
(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

BAY, **COUNTY**

OFFICE USE ONLY

JUN 16 2008 PM 12:34

I,

THELMA	G	ROHAN
First Name	**Middle Name/Initial**	**Last Name**

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, THELMA ROHAN

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of SUPERINTENDENT OF SCHOOLS (office), BAY (district), N/A (circuit), N/A (group). I am a qualified elector of BAY 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.

STATEMENT OF PARTY
(Section 99.021, Florida Statutes)

I am a member of the REPUBLICAN party. I am not a registered member of any other political party and have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify. I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

X Thelma G Rohan (850) 769-4188 trohan@knology.net

Signature of Candidate **Telephone Number** **Email Address**

239 S. COVE TERR. DR. PANAMA CITY FL 32401

Address **City** **State** **ZIP Code**

Sworn to (or affirmed) and subscribed before me this 16th **day of** JUNE **, 200**8**.**

Personally Known: ✓ or

Produced Identification: _____

Type of Identification Produced:

_____

Terri L. Pierce

Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public

TERRI L. PIERCE
Comm# DD0392547
Expires 2/16/2009
Bonded thru (800)432-4254
Florida Notary Assn., Inc