CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITHOUT PARTY AFFILIATION

DS-DE 301B (Eff. 10/2023)

Record 2024JUN14AN09:29

Rule 1S-2.0001, F.A.C.

OFFICE USE ONLY **Candidate Oath** Name to appear on ballot: Darryl ff D" Daniels 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 Affidayit on reverse side.) I swear or affirm that I am a candidate for the office of Sheriff (Office) (District #) _; I am a qualified elector of Duval County, Florida; (Circuit #) (Group or Seat #) 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. Statement of No Party Affiliation I am registered without any party affiliation and have not been a registered member of any political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify. 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 XX If you do, you must also∕specify the amount owed and each entity that levied the same on the reverse side. Redacted Signature of Candidate Telephone Number **Email Address** Redacted Address of Legal Residence City State ZIP Code STATE OF FLORIDA COUNTY OF Flanda 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 13 day of June , 202V. JOVITA A. CABRERA THOMAS Personally Known OR Produced Identification Commission # HH 349396 Expires January 12, 2027 Type of Identification Produced: PLD/