

**CANDIDATE OATH –  
SCHOOL BOARD  
NONPARTISAN OFFICE**

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

Write-in candidate

**RECEIVED**

JUN 20 2018

DUVAL COUNTY ELEC.

By [Signature]

OFFICE USE ONLY

**Candidate Oath**

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

I, DARRYL WILLIE  
*(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 SCHOOL BOARD, 4  
*(Office) (District #)*  
; I am a qualified elector of DUVAL County, Florida;  
*(Circuit #) (Group or Seat #)*

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): 119970624

**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.]*

DA-RDL WI-LEE

**X** [Signature] (904) 701 3754 darrylforduval@gmail.com  
Signature of Candidate Telephone Number Email Address

PO BOX 3213 JACKSONVILLE FL 32206  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF DUVAL

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

Sworn to (or affirmed) and subscribed before me this 20<sup>th</sup>  
day of June, 2018.

Personally Known: X or Produced Identification: \_\_\_\_\_

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

LANA G. SELF  
Notary Public, State of Florida  
My Comm. Expires 07/29/21  
Commission No. GG102927