

**CANDIDATE OATH  
SCHOOL BOARD OFFICE**

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

☐ Write-in candidate

RECEIVED

2024 MAY 31 AM 9:55

MANATEE COUNTY  
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: Heather Felton *HF*

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, 1;  
(Office) (District #)

I am a qualified elector of Manatee County 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   
Signature of Candidate

(941) 920-3776

Telephone Number

hgfelton18@gmail.com

Email Address

Address of Legal Residence

City

State

Zip Code

STATE OF FLORIDA

COUNTY OF SARASOTA

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

this 30 day of May, 2024

Personally Known ☒ OR Produced Identification ☐

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

  
Signature of Notary Public

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



JENNIFER A GREENWALD  
Notary Public  
State of Florida  
Comm# HH503870  
Expires 3/13/2028