

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

RECEIVED  
2024 JUN -5 AM 10:43  
MANATEE COUNTY  
SUPERVISOR OF ELECTIONS  
OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: GLENN PEARSON

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 MANATEE County COMMISSIONER, 1,  
(Office) (District #)  
I am a qualified elector of MANATEE 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 Party**

I swear or affirm that I am a member of the DEMOCRATIC Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

**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.

[Signature]  
Signature of Candidate

(941) 447-8425  
Telephone Number

glenn.mdp@gmail.com  
Email Address

4112 BUENA VISTA DR S.  
Address of Legal Residence

ELLINGTON  
City

FL  
State

34222  
ZIP Code

STATE OF FLORIDA

COUNTY OF Manatee

Sworn to (or affirmed) and subscribed before me by means of  
online notarization ☐ OR physical presence ☒  
this 5th day of June, 2024

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL DL

[Signature]  
Signature of Notary Public

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

