CANDIDATE OATH

NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)
Check box *only* if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

Candidate Oath

Name to appear on ballot: _Darby Connor_

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 nonpartisan office of _TARA CDD 1_ , _____
                                                                    (Office)   (District #)

_____ , _Seat 4_ ; 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 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.

X _Hugo Darby_ (a) 734-8902   _darbyConnor34@gmail.co_
Signature of Candidate   Telephone Number   Email Address

6506 Tailfeather Way _Bradenton_ _FL_ _34203_
Address of Legal Residence   City   State   ZIP Code

STATE OF FLORIDA

COUNTY OF _Manatee_

Pamela E. Smaridge
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 _31st_ day of _May_ , 20_24_.

Personally Known ☐   OR   Produced Identification ☑

Type of Identification Produced: _FL DL_

PAMELA E. SMARIDGE
Commission # HH 208904
Expires December 16, 2025

DS-DE 302NP (Eff. 10/2023)

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