



**AFFIDAVIT OF INTENT  
SPECIAL DISTRICT CANDIDATE**

SARASOTA COUNTY, FLORIDA

SUPERVISOR OF ELECTIONS  
SARASOTA COUNTY FLORIDA

NOV 12 PM 3:45

FILED FOR RECORD  
SARASOTA COUNTY

I, Donna Hurlock, certify that I intend to qualify as a  
PRINT CANDIDATE NAME  
candidate for the Special District office of HOSPITAL BOARD, AT LARGE in the  
DISTRICT NAME, SEAT NUMBER  
NOVEMBER 2024 election; and that I will not collect, solicit, or accept  
MONTH, YEAR  
any money or contribution in-kind in connection with my campaign. My only  
campaign expense, from personal funds, will be the candidate filing fee or the  
signature verification fee for candidates who qualify by the petition process.

Therefore, I am not required to appoint a campaign treasurer or designate a  
campaign depository pursuant to Florida Statute 99.061. And I am not required to  
file periodic campaign treasurer's reports as required by Florida Statute 106.07.

I understand that in the event I collect, solicit, or accept any money or contribution  
in-kind or make a campaign expense that is not in accordance with this affidavit,  
this affidavit will become null and void, and my campaign will be subject to the  
campaign finance regulations outlined in Florida Statutes, Chapter 106, Campaign  
Financing.

**UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE  
PRECEDING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.**

☒ Donna Hurlock  
SIGNATURE OF CANDIDATE

6-12-24  
DATE

EMAIL ADDRESS: DONNA-ELIZABETH@

TELEPHONE: 703-930-3433

MSN.COM