

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

27 ELECTION
2024 JUN 10 PM 12:08

ST. JOHNS COUNTY
CLERK OF COURTS

OFFICE USE ONLY**Candidate Oath**

Name to appear on ballot: DARYL BERMAN

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 CDD-MEADOW VIEW AT TWIN CREEKS
(Office) (District #)
3; I am a qualified elector of SAINT JOHNS 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 X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Daryl Berman (904) 955-5111 DKENDEAUBRS@GMAIL.COM
Signature of Candidate Telephone Number Email Address
406 NESS CIRCLE ST AUGUSTINE, FL 32095
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA**COUNTY OF** St. Johns

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒
this 31 day of May, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL DL

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

DESIREE BAKER
Notary Public, State of Florida
My Comm. Expires 09/06/2025
Commission No. HH172485