

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:

CITY CLERK

10 JUN'24 PM 3:02:37

CITY OF NORTH PORT

Write-in candidate

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: BARBARA LANGDON

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 North Port City Commission, 2 (Office) (District #)

I am a qualified elector of SARASOTA 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.

Signature of Candidate: Barbara Langdon Telephone Number: (603) 493-1331 Email Address: barbara.Langdon2@gmail.com
Address of Legal Residence: 4086 BIRMINGHAM LN. City: NORTHPORT FL. State: ZIP Code: 34288

STATE OF FLORIDA
COUNTY OF Sarasota

Signature of Notary Public: Heather Faust
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 10 day of June, 2024

Personally Known OR Produced Identification

Type of Identification Produced:



HEATHER FAUST
Notary Public
State of Florida
Comm# HH410040
Expires 8/11/2027

Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: Sabrina Longdon

STATE OF FLORIDA
COUNTY OF Sarasota

Heather Faust

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 10 day of June, 2024

Personally Known OR Produced Identification

Type of Identification Produced: _____



HEATHER FAUST
Notary Public
State of Florida
Comm# HH410040
Expires 8/11/2027



Ron Turner
Supervisor of Elections
Sarasota County: *Our County. Our Vote.*

CITY CLERK

JUN 10 2024

CITY of NORTH PORT

June 5, 2024

Ms. Heather Faust
City Clerk
4970 City Hall Blvd
North Port FL 34286

Re: Candidate Petitions

Dear Ms. Faust:

The petitions submitted by **Barbara Langdon** a candidate for the office of **City of North Port Commissioner, District 2**, have been verified by my office. There was a total of 32 valid signatures from electors residing in the City of North Port.

If you have any questions, please contact my office at (941) 861-8606.

Sincerely,

Ron Turner
Supervisor of Elections

RT/sm



Date 6/5/2024
 Time 11:21 AM

Ron Turner
 Supervisor of Elections
Petition Status Report

Sarasota County, FL

Petition Id	Petition Short Description	District		Date Petition Opened	Petition Number		
23-31	Barbara Langdon City Comm Dist 2	NPA	1	19-December-2023	690		
	Signatures Claimed	Sigs checked	<u>Unchecked Signatures</u>	Signatures Required	Valid Sigs	Rejected Sigs including Duplicates	Duplicate Sigs
Batch 1	36	36	0		32	4	1
	<u>36</u>	<u>36</u>	<u>0</u>	<u>0</u>	<u>32</u>	<u>4</u>	<u>1</u>
Grand Total	<u><u>36</u></u>	<u><u>36</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>32</u></u>	<u><u>4</u></u>	<u><u>1</u></u>

Congressional District

Batch Number	17	Total
1	32	32
Total	32	32

Emd 6.5.2024

$$\begin{array}{r}
 A = 32 \\
 B = 4 \\
 \hline
 \text{Total} = 34
 \end{array}$$