

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

SUPERVISOR OF ELECTIONS
SARASOTA COUNTY FLORIDA

2022 JUN 17 AM 9:43

FILED FOR RECORD
SARASOTA COUNTY

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Nancy M.H. Simpson
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying.)

am a candidate for the office of Charter Review Board (Office) 1 (District #) (Circuit #)
; my legal residence is 5463 Pickerel Way County, Florida; I am a qualified elector
(Group or Seat #) Sarasota

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

(Section 99.021(1)(b), Florida Statutes)

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.

Candidate's Florida Voter Registration Number (located on your voter information card): 127909943

Phonetic spelling for audio ballot: Print 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 2 of this form):

NAN SEE SIMPSON

X [Signature] Telephone Number 9121484-0710 Email Address NmH.Simpson@gmail.com
Signature of Candidate
5463 Pickerel Way Sarasota FL 34232
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF SARASOTA

[Signature]
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 17 day of JUNE 2022
Personally Known OR Produced Identification
Type of Identification Produced: FL DRIVER LICENSE

