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

SUPERVISOR OF ELECTIONS SARASOTA COUNTY FLORIDA

2022 JUN 13 PM 12: 05

FILED FOR RECORD SARASOTA COUNTY

| OFFICE USE ONLY |
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| Candidate Oath |
| (Section 99.021(1)(a), Florida Statutes) |
| 1, GERALD BERGMOSER, |
| (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. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.) |
| am a candidate for the nonpartisan office of SARASOTA NATIONAL (L)D. (Office) (District #) |
| am a candidate for the nonpartisan office of SARASOTA NATIONAL COD, (Office) (District #) (Circuit #) (Group or Seat #) (Group or Seat #) |
| I am qualified 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. |
| Candidate's Florida Voter Registration Number (located on your voter information card): 103074610 |
| 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): [Not applicable to write-in candidates.] BERG-Mō-5HER |
| X Paymore 239) 404-5579 GBERGMOSER @ OMEAST Signature of Candidate Telephone Number Email Address NET |
| 10451 MEdical Dr. VENICE FL 34293 |
| 10451 MEdjool Dr. VENICE FC 34293 Address City State ZIP Code |
| STATE OF FLORIDA Signature of Notary Public |
| COUNTY OF Print, Type, or Stamp Commissioned Name of Notary Public below: |
| Sworn to (or affirmed) and subscribed before me by means of |
| MELISSA NEVILLE |
| this day of Wh 2022 |
| Personally Known OR Produced Identification |
| Type of Identification Produced: DYNOS LICENSE |