## 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:

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SUPERVISOR OF ELECTIONS SARASOTA COUNTY FLORIDA

2022 JUN 13 PM 1: 04

FILED FOR RECORD SARASOTA COUNTY

vvnte-in candidate	SARASUTA CUUNTT	OFFICE USE ONLY
Candidate Oath  (Section 99.021(1)(a), Florida Statutes)		
(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 $SafaSola So.$	(Office)	(District #)
(Circuit #), (Group or Seat #); I am a qualified elector of	Sarasota	County, Florida;
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): 123086071		
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.]		
X MY MULD = (83)695 Signature of Candidate Telephone Number	- 1850 KylieMo	a@gMail.con
2207 And Alama Samo	(1) 31	12711
Address City	State State	ZIP Code
STATE OF FLORIDA	1	
COUNTY OF SAKARSTA	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notar	ry Public below:
Sworn to (or affirmed) and subscribed before me by means of	CATHERINE R. FOWLER	7
online notarization OR physical presence this 13 day of 7 day of 20 22	Commission # GG 273851 Expires January 14, 2023 Bonded Thru Troy Fain Insurance 800-385-	-7019
Personally Known OR Produced Identification		
Type of Identification Produced:		