## **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: 46

FILED FOR RECORD SARASOTA COUNTY

		OFFICE USE ONLY
Candidate Oath		
(Section 99.021(1)(a), Florida Statutes)		
1, Suzanne J. Doyle		,
(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	Isles CDO (Office)	District #1
		(DISINGL#)
(Circuit #), Seat 3; I am a qualified elector of (Group or Seat #)	Sarasota	County, Florida;
I am qualified under the Constitution and the Laws of Florida to	hold the office to which I desire to I	be nominated or elected; I
have qualified for no other public office in the state, the term of w	which office or any part thereof runs	concurrent with the office
I seek; and I have resigned from any office from which I am req	juired to resign pursuant to Section	99.012, Florida Statutes;
and I will support the Constitution of the United States and the Co	nstitution of the State of Florida.	
Candidate's Florida Voter Registration Number (located on your voter information card): 12/366/8/		
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 Duganne J. Doyl (860) 307-7335 doyl su45@qnail.com Signature of Candidate Telephone Number Email Address  364 Maraviya Blrd Nokomis FL 34275  Address City State ZIP Code		
Signature of Canadate	CIN <b>a</b> ll	Address
Address City	State	ZIP Code
7,000	State	ZIF Code
STATE OF FLORIDA	I with M. Come	4.
	Signature of Notary Public	
COUNTY OF Sarasota	Print, Type, or Stamp Commissioned Name	e of Notary Public below:
Sworn to (or affirmed) and subscribed before me by means of		
online notarization OR physical presence	LINETTE M. CAPIERSEN	10
this 13 day of June 2022	Commission # GG 31619 Expires March 26, 2023	4
Personally Known OR Produced Identification	Bonded Thru Troy Fain Insurance	co 800-385-7019
Type of Identification Produced: FL DL		