CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

SUPERVISOR OF ELECTIONS SARASOTA COUNTY FLORIDA

2022 JUN 14 PM 5: 01

FILED FOR RECORD SARASOTA COUN DEFICE USE ONLY

		ndidate Oath		
1 BRAD BAKER	(Section 99.0	021(1)(a), Florida Statut	es)	
(Print name above as you wis	sh it to appear on the b	pallot. If your last nan ast Names). No chang	me consists of two or more nam ge can be made after the end o	nes but has no of qualifying.)
	HOSPITAL (OF		NoRTHERN (District #)	(Circuit #)
(Group or Seat #); my legal residence is SARASOTA			County, Florida; I am a	a qualified elector
under the Constitution and the Law for no other public office in the sta have resigned from any office fro support the Constitution of the Unit	ate, the term of which o	office or any part thered to resign pursuant	reof runs concurrent with the or to Section 99.012, Florida St	office I seek; and I
	Stater	ment of Party 021(1)(b), Florida Statute		
I am a member of the <u>Repub</u> which I am seeking nomination as for which I seek to qualify; and I ha stated political party.	a candidate, for 365 da	ays before the beginr	ning of qualifying preceding the	e general election
Candidate's Florida Voter Regist	ration Number (located	d on your voter informat	ion card): 100030 (574
Phonetic spelling for audio ballo ballo ballot as may be used by persons wi	t: Print name phonetica th disabilities (see instr	ally on the line below uctions on page 2 of	as you wish it to be pronounc this form):	ed on the audio
v RA	(941)	408 1984	RONDRAVERO	
Signature of Candidate	Telephone Nu	mber	BRAD BAKER Q (Email Address	COMCASTINE
800 N TAMIAMI TRI	(941) Telephone Nur L *PHILII SA	RASOTA	A 342	236
Address	City /		State	P Code
STATE OF FLORIDA		(b)	- Kur Yatte	
COUNTY OF SARA SOTA		Signature of	f Notary Public	
Sworn to (or affirmed) and subscribed	before me by means of	Print, Type, or	Stamp Commissioned Name of Nota	ary Public below:
online notarization OR this day of OR Produ	physical presence 2, 20, 2.2 uced Identification		AMY LYNN POTTER Commission # HH 173816 Expires September 9, 2025 Bonded Thru Troy Fain Insurance 800-385-76	1019
Type of Identification Produced:	5/1			