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:

SUPERVISOR OF ELECTIONS
SARASUTA COURTY

2022 JUN 16 PM 4: 02

write-in candidate.	• •
Write-in candidate	REG DATE OFFICE USE ONLY
Candidate Oath	
(Section 99.021(1)(a), Florida Statutes)	
1. Loseph Szewszyk	
(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 Supervisor, Lakerike Alertation (District #)	
am a candidate for the nonpartisan office of Supervisor	· Lakerisk Hertation
(Circuit #), (Group or Seat #); I am a qualified elector of	County, Florida;
(Circuit #) (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):	
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.] Lasep L Sefchik JOSEF SEF CHICK	
X (941) 237-6	573 joeszewczyk6573@gmailcx
Signature of Candidate Telephone Number	Email Address
1739 ScalettAve lothert	# FL 34289
Address City	State ZIP Code
	- Comback Of Senting
STATE OF FLORIDA	C COUNTY GO GO GO
COUNTY OF	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	ELIZABETH D. BRENNAN
this /6th day of June, 20 22	Commission # GG 321726 Expires July 17, 2023
Personally Known OR Produced Identification	Bonded Thru Troy Fain Insurance 800-385-7019
Type of Identification Broduced:	