

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

SUPERVISOR OF ELECTIONS  
SARASOTA COUNTY FLORIDA

2022 JUN 17 AM 11:40

FILED FOR RECORD  
SARASOTA COUNTY

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, ~~Attko~~ Nick Allteer

(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.)

am a candidate for the office of Sarasota Memorial Hospital Northern Seat #2  
(Office) (District #) (Circuit #)

2; my legal residence is 1989 Kingsdown Dr Sarasota County, Florida; I am a qualified elector  
(Group or Seat #)

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.

**Statement of Party**

(Section 99.021(1)(b), Florida Statutes)

I am a member of the Republican Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

Candidate's Florida Voter Registration Number (located on your voter information card): 100333111

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):

Nick Allteer

X Mary Ann (941) 313 6259 nicholasratter@gmail.com  
Signature of Candidate Telephone Number Email Address  
1989 Kingsdown Dr Sarasota  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Sarasota

Mary Ann Lozeau  
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

this 16<sup>th</sup> day of JUNE, 2022

Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_



MARY ANN LOZEAU  
Commission # HH 217916  
Expires February 8, 2026