

CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION

SUPERVISOR OF ELECTIONS
SARASOTA COUNTY FLORIDA

2024 JUN 12 PM 6:17

FILED FOR RECORD
SARASOTA COUNTY

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

Vicki Lynn Nishwander

Check box if two last names without hyphen. ☐

(Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐

(For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of

Sarasota Memorial Hospital Board Central
(Office) (District #)

1 (Circuit #); I am a qualified elector of Sarasota County, Florida;
(Group or Seat #)

I am a qualified elector 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

I swear or affirm that I am a member of the

Democratic

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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do ☐

NO, I Do Not ☒

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Vicki Lynn Nishwander
Signature of Candidate

(941) 961-3116
Telephone Number

Nishwander@comcast.net
Email Address

4018 Center Pt. Pl
Address of Legal Residence

Sarasota
City

FL
State

34233
ZIP Code

STATE OF FLORIDA

COUNTY OF Sarasota

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒

this 12 day of JUNE, 2024

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FLDL

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

