CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

SUPERVISOR OF ELECTIONS SARASOTA DOUNTY FLORIDA

2022 JUN 13 PM 12: 07

FILED FOR RECORD SARASOTA COUNTY OFFICE USE ONLY

0			OFFICE USE ON
Cano	lidate Oath	-	
Maal 1 1 1 1 (Section 99.02	1(1)(a), Florida Statutes	3)	
(Print name above as you wish it to appear on the har			
(Print name above as you wish it to appear on the bahyphen, check box (see page 2 - Compound Last	lot. If your last name	consists of two or more na	ames but has no
Cost page 1 Compound East	Names). No change	can be made after the end	of qualifying.)
am a candidate for the office of		<i>_</i> 1	
(Office	ze)	(District #)	1-
	•	^	(Circuit #)
; my legal residence is 5300 (f		County, Florida; I am	a qualified elector
•	SARASOT	_	
under the Constitution and the Laws of Florida to hold the	office to which I don't		ed: I have qualifie
for no other public office in the state, the term of which offi have resigned from any office from which I am required	ce or any part therec	of runs concurrent with the	office I seek; and
have resigned from any office from which I am required support the Constitution of the United States and the Consti			Statutes; and I wi
	ration of the State of	Florida.	
(Saction 00 004	ent of Party		
	(1)(b), Florida Statutes)		
which I am seeking nomination as a candidate for 205 to	_ Party; I have been	a registered member of this	s political party, fo
which I am seeking nomination as a candidate, for 365 days for which I seek to qualify; and I have paid the assessment I	s before the beginning	g of qualifying preceding th	ne general election
for which I seek to qualify; and I have paid the assessment I stated political party.	evied against me, it a	any, by the executive comm	littee of the above
Candidate's Florida Voter Registration Number (located o	o vour voter information	1000 201	- !
FM41 10	Tyour voter information	card): 1000 < 01	060
Phonetic spelling for audio ballot: Print name phonetically ballot as may be used by persons with disabilities (see instruction)	on the line below as	s you wish it to be pronoun	ced on the audio
ballot as may be used by persons with disabilities (see instruct	ions on page 2 of this	s form):	oca on the addic
(941)		1 1	
Signature of Candidate Telephone Number	0 4499	HWICHESTAM	≤W.com
FROM COMMENTER OF C	<u> </u>	Email Address	-
Address City	17 AC	<u> 34z</u>	<u>"> 1 </u>
OTATE OF ELODINA		State ZI	P Code
STATE OF FLORIDA			
COUNTY OF SARASONA	Company of N		<u> </u>
	Signature of No Print, Type, or Stan	otary Public np Commissioned Name of Note	
Sworn to (or affirmed) and subscribed before me by means of	1		ary Public below:
online notarization OR physical presence	IATA	CATHERINE R. FOWLER Commission # GG 273851	X
this		Expires January 14, 2023	
Personally Known OR Produced Identification	A STATE OF THE PARTY OF THE PAR	Bonded Thru Troy Fain Insurance 800-385-70	m
Type of Identification Produced:			-
			r