

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

RECEIVED

2015 JUL -6 P 2:13

CITY OF OCALA, FLORIDA  
CITY CLERK

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, John M. McLeod  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of City Council, 4,  
(office) (district #)

\_\_\_\_\_ ; I am a qualified elector of Marion 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.

X John M. McLeod 952 427-5191 mcLeod4district4@gmail.com  
Signature of Candidate Telephone Number Email Address

1228 SE 20<sup>th</sup> Ave. Ocala FL 34471  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 105547300

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

John M MacLeod

STATE OF FLORIDA  
COUNTY OF Marion

Sworn to (or affirmed) and subscribed before me this 10 day of June, 2015.

Personally Known:  or

Produced Identification: \_\_\_\_\_

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

Melanie A. Chesser  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

