

**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:

Write-in candidate

2021 JUL 16 A 8:28  
CITY OF OCALA, FLORIDA  
CITY CLERK

OFFICE USE ONLY

**Candidate Oath**

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

I, BARBARA FITOS,

(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 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 105697659

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.]

BAR - BA - RA FI - TOES

**X** Suchastita (352) 804-0306 fitosforocala@gmail.com  
Signature of Candidate Telephone Number Email Address  
926 SE 12<sup>TH</sup> ST OCALA FL 34471  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Marion

Angel B Jacobs  
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 15 day of July, 2021  
Personally Known  OR Produced Identification   
Type of Identification Produced: FL DL



ANGEL B JACOBS  
Commission # GG 227325  
Expires October 10, 2022  
Bonded Thru Budget Notary Services

