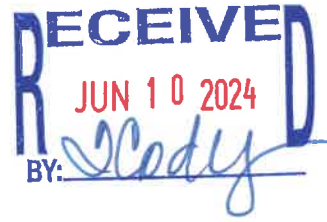


CANDIDATE OATH**NONPARTISAN OFFICE**

(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

**OFFICE USE ONLY****Candidate Oath**

Name to appear on ballot:

BARRY PITEK

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 nonpartisan office of

PORT ORANGE CITY COUNCIL
(Office) (District #)

3 ; I am a qualified elector of VOLUSIA County, Florida
(Circuit #) (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 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 X

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

Signature of Candidate

X Barry Pitek

Telephone Number

(386)

Email Address

254 4147 BSPRABC@gmail.com

Address of Legal Residence

City

State

ZIP Code

54648 BALDAGE DR PORT ORANGE FL 32128

STATE OF FLORIDA

COUNTY OF

Volusia

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 10 day of June, 2024Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____



TRACEE CODY
Commission # HH 263572
Expires May 11, 2026