

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

OSC SOE JUN13'22 13:12

OFFICE USE ONLY

**Candidate Oath**

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

I, Carlos L. Irizarry Sr  
(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.)  
am a candidate for the office of County Commissioner Dis, 4, \_\_\_\_\_  
(Office) (District #) (Circuit #)  
\_\_\_\_\_ ; my legal residence is Osceola County, Florida; I am a qualified elector  
(Group or Seat #)

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**

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

I am a member of the Democrat 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 106 177 557

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):

Carlos I H. r. ih. z. ae. rEE

[Signature] (321) 443-4946 CIRIZARRY2006@gmail.com  
Signature of Candidate Telephone Number Email Address  
216 Old Bay Ln Kissimmee FL 34743  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Osceola

[Signature]  
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 13 day of June, 2022  
Personally Known  OR Produced Identification   
Type of Identification Produced: FL Driver License

