CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION

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

I, Christina "Fitzy" Fitzpatrick ,

(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 ___BOCC___ ▼ , District 4 , __N/A__ ,
(Office) (District #) (Circuit #)

__N/A__ ; my legal residence is Pasco ▼ 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 ___Republican___ 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): 106578061

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*):

kris-TEE-nuh FITZ-EE fits-PA-trick

X _Christina Fitzpatrick_
Signature of Candidate

(727) 858-5909
Telephone Number

fitzyforcc@gmail.com
Email Address

7806 Glencoe Drive
Address

New Port Richey
City

Florida
State

34653
ZIP Code

STATE OF FLORIDA

COUNTY OF _Pasco_

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

this _16th_ day of _June_ , 20_22_.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

Sonya L. Walling
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

SONYA L. WALLING
MY COMMISSION # HH 005550
EXPIRES: June 1, 2024
Bonded Thru Notary Public Underwriters

DS-DE 301A (Rev. 08/2021)

RESET

Rule 1S-2.0001, F.A.C.