CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

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SUPERVISOR OF ELECTIONS LAND O'LAKES, FLORIDA

OFFICE USE ONLY

Candidat (Section 99.021(1)(a)			
I. Christie Zimmer			
(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 Commission	ier 🔽 ,	,,	,
(Office)		(District #)	(Circuit #)
Group or Seat #); my legal residence is Pasco	▼ Co	ounty, Florida; 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 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): 106338616			
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 Zim-mer			
x (813) 404-979	7 Christia	ZimmerforF	
Signature of Candidate Telephone Number	Official	Email Address	Pasco.com
() AUGUS	; FL	Email Address	4639
Signature of Candidate Telephone Number	Official	Email Address	Name of the Control o
Signature of Candidate P. O. Box 2144 Address City	; FL	Email Address	4639
Signature of Candidate P. O. Box 2144 Address STATE OF FLORIDA COUNTY OF Pasco	; FL	Email Address 3 Zi	4639 P Code
Signature of Candidate P. O. Box 2144 Address City STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me by means of	State State Signature of Notary F Print, Type, or Stamp Com	Email Address 3 Zi Public Imissioned Name of Not	4639 P Code
Signature of Candidate P. O. Box 2144 Address STATE OF FLORIDA COUNTY OF Pasco	State State Signature of Notary F Print, Type, or Stamp Com	Email Address 3 Zi	4639 P Code
Signature of Candidate P. O. Box 2144 Address City STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this	State State Signature of Notary F Print, Type, or Stamp Com Notary Notary My Com	Email Address 3 ZI Public Imissioned Name of Not	4639 P Code
Signature of Candidate P. O. Box 2144 Address City STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence	State State Signature of Notary F Print, Type, or Stamp Com Notary Notary My Com	Email Address 3 Zi Public Imissioned Name of Not Public - State of Florida Immission # HH 258509 Imm. Expires Apr 27, 2026	4639 P Code