

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

RECEIVED

24 MAY -3 PM 5:04

BRIAN E. CORLEY  
SUPERVISOR OF ELECTIONS  
NEW PORT RICHEY, FLORIDA  
OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form    ☐ Re-filing to Change:    ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last):  
(Please Print or Type Name)

Christina Fitzpatrick

**3. Address** (include PO Box or Street, City, State, Zip Code):

7806 Glencoe Drive  
New Port Richey, FL 34653

**4. Telephone:**

(727) 858.5909

**5. Candidate's Voter Registration #:**

106578061

(not required for qualifying purposes)

**6. Email Address:**

fitzyforcc@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

BOCC, D4

**8. If a candidate for a nonpartisan office, check the box if applicable:**

☐ I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

☐ Write-In Candidate.    ☐ No Party Affiliation Candidate.    ☒ Republican Party candidate.

**10. I have appointed the following person to act as my:**

☒ Campaign Treasurer

☐ Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Christina Fitzpatrick

**12. Telephone:**

(727) 858.5909

**13. Email Address:**

fitzyforcc@gmail.com

**14. Mailing Address:**

7806 Glencoe Dr.

**15. City:**

N.P.R.

**16. State:**

FL

**17. Zip Code:**

34653

**18. I have designated the following bank as my** (check appropriate box): ☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank:**

Grow Financial

**20. Address:**

6121 FL-54

**21. City:**

N.P.R.

**22. County:**

Pasco

**23. State:**

FL

**24. Zip Code:**

34653

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date:** 5.3.2024

**26. Signature of Candidate:**

X Christina Fitzpatrick

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate box)

I, Christina Fitzpatrick do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:** 5.3.24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X Christina Fitzpatrick