

**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

01-18-22A06:01 RCVD

OFFICE USE ONLY

Candidate Oath

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

I, KRIS CRUZADA,

(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. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of COMMISSIONER, CITY OF WINTER PARK, _____,
(Office) (District #)

_____, 3; I am a qualified elector of ORANGE County, Florida;
(Circuit #) (Group or Seat #)

I am qualified 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 1077 052 65

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): [Not applicable to write-in candidates.]

KRIS KROOZ-ah-duh

Kristopher Cruzada (407) 951-0979 kristopher_cruzada@me.com
Signature of Candidate Telephone Number Email Address

1542 GOLFSIDE DRIVE WINTER PARK FL 32792
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 18th day of January, 2022.

Personally Known OR Produced Identification

Type of Identification Produced: _____

Rene S. Cranis
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:



RENE S. CRANIS
Commission # HH 008628
Expires June 27, 2024
Bonded Thru Budget Notary Services

**CITY OF WINTER PARK
CANDIDATE OATH**

Ordinance No. 2925-13 - Section 42-7 (a) (5)

KRIS CRUZADA
NAME OF CANDIDATE (Please Print)

Commissioner, Seat 3
Office

1542 GOLFSIDE DRIVE, WINTER PARK, FL 32792
RESIDENCE ADDRESS

P.O. Box 4542, WINTER PARK, FL 32792
MAILING ADDRESS

TELEPHONE NO: HOME: N/A BUSINESS: 407-671-7334
CELL: 407-951-0979

STATE OF FLORIDA
COUNTY OF ORANGE

Before me, an officer authorized to administer oaths, personally appeared KRISTOPHER CRUZADA to me well known, who, being sworn, says that he/she is a candidate for the office of Commissioner, Seat 3, that he/she is a qualified elector of the City of Winter Park, Orange County, Florida; and that he/she has not violated any of the laws of the state relating to elections or the registration of electors.

[Signature]
Signature of Candidate

Sworn to and subscribed before me this 18th day of January, 2022, at Orange County, Florida.

[Signature]
Signature of Officer Administering Oath

City Clerk
Title of Officer Administering Oath

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2020

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

CRUZADA KRISTOPHER MIGUEL

MAILING ADDRESS :

1542 GOLFSIDE DRIVE

CITY : ZIP : COUNTY :

WINTER PARK 32792 ORANGE

NAME OF AGENCY :

CITY OF WINTER PARK

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER

CHECK ONLY IF [X] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

01-18-22AUG:01 RCVD

*** THIS SECTION MUST BE COMPLETED ***

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

[X] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: LAW OFFICE OF K.M. CRUZADA, P.A., 1605 TUSKAWILLA ROAD OVIEDO, FL, LEGAL SERVICES.

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: N/A.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

1605 TUSKAWILLA ROAD, OVIEDO, FL 32765
7337 & 7355 ALOMA AVENUE, WINTER PARK, FL 32792
4995 SANTA ROSA DRIVE, ORLANDO, FL 32807

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

FORM 1, PART C – REAL PROPERTY (CONTINUED)

4625 W. KELLY PARK ROAD, APOPKA, FL 32712

10373-10449 208TH STREET, O'BRIEN, FL 32071