

**CANDIDATE OATH -
PRECINCT COMMITTEEMEN AND
COMMITTEEWOMEN**

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, _____
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number _____.

I am a qualified elector of _____ County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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): _____

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the _____ Party; I have not been a registered member of any other political party 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, as a candidate for said office by the executive committee of the political party, of which I am a member.

X

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Signature of Candidate

Telephone Number

Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ **day of** _____, **20** _____.

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced:

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public