

Florida Democratic Party LOYALTY OATH

County of _____, Florida

I, _____, having been duly sworn, say that I am a member of the Democratic Party,

that I am a qualified elector of _____ County, Florida; that during my term of office, I will not support the election of the opponent of any Democratic nominee, I will not oppose the election of any Democratic nominee, nor will I support any non-Democrat against a Democrat in any election other than in judicial races; that I am qualified under the Constitution and Laws of the State of Florida and the Charter and Bylaws of the Florida Democratic Party to hold the office I am seeking, or to which I have been elected; that I have not violated any of the laws of the State of Florida relating to election or the Charter and Bylaws of the Florida Democratic Party.

Print Name

Signature

OPTION 1. SIGNED BY A NOTARY PUBLIC

(Use either Option 1 OR Option 2.)

| | |
|--|----------------------------|
| STATE OF FLORIDA COUNTY OF _____ | |
| Sworn to and subscribed before me this _____ day of _____, 20_____, by <i>(name of person making statement)</i> _____. | |
| _____ <i>Signature of Notary Public – State of Florida</i> | |
| _____ <i>Name of Notary typed, printed or stamped</i> | |
| <input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification | Type of ID Produced: _____ |

OPTION 2. SIGNED BY TWO WITNESSES

(Use either Option 1 OR Option 2.)

| WITNESS #1 | |
|--|--------------------------|
| _____ <i>Date</i> | _____ <i>County</i> |
| _____ WITNESS #1: Print Name | |
| _____ <i>Signature</i> | |
| _____ <i>Address</i> | |
| _____ <i>City</i> | |
| _____ <i>State</i> | _____ <i>Zip Code</i> |

| WITNESS #2 | |
|--|--------------------------|
| _____ <i>Date</i> | _____ <i>County</i> |
| _____ WITNESS #2: Print Name | |
| _____ <i>Signature</i> | |
| _____ <i>Address</i> | |
| _____ <i>City</i> | |
| _____ <i>State</i> | _____ <i>Zip Code</i> |

**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 _____ () _____
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