



Purpose of being a Precinct Committeeperson: to be actively engaged in the political process within my neighborhood to ensure good Republicans get elected to Office!

Why? Elected Officials make decisions daily that impact our lives and the future of our neighborhoods.

How can I make a difference? By committing to the duties and fulfilling the responsibilities to turn out the vote within my neighborhood.

Duties:

- Attend HCREC Monthly Meetings, MOSI, Third Tuesday, 7PM.
- Dedicate a defined time each month to accomplish goals within precinct.
- Organize door to door walks, phone banks, sign waving and mail campaigns.
- Support dinners, fundraising activities, and club meetings within your district, volunteer on campaigns.
- Organize coffees or ice cream social within precinct to identify potential new recruits.
- Be active year round in precinct.
- Use tools available (WebElect) to obtain data to identify Republican voters within precinct.
- Recruit other Republicans to join the cause and the Hillsborough County Republican Party.
- Organize your precinct by blocks, streets or subdivision, etc.
- Identify leaders within your precinct to take responsibility for a section, street, subdivision, club, etc.
- Distribute literature and information regarding Republican candidates.
- Be aware of current events and/or issues within community.

Be engaged and make a difference in your neighborhood!

Paid for by the Hillsborough County Republican Party.
Not authorized by any candidates or candidate's committee.
www.Hillsborough.GOP

**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



REPUBLICAN PARTY OF FLORIDA

Republican Party of Florida Party Loyalty Oath

I, _____, swear and/or affirm that during my term of
(Name of Member – Please write clearly)

office I will not actively, publicly, or financially support the election of any candidate seeking election against:

- (1) The Republican Party’s nominee in a partisan unitary, general, or special election that includes a Republican nominee; or
- (2) A registered Republican in a non-partisan election except that this provision does not apply to judicial races under Chapter 105, Florida Statutes.

I further swear or affirm that, in a contested Republican primary election, I will not support the nomination of one Republican candidate over another in my capacity as a Republican County Executive Committee member unless the Party has voted to endorse under RPOF Rule 8. This provision does not preclude me from supporting in any manner my personal Republican candidate of choice in a contested Republican primary election, provided I do not express such support with public reference to my title or office within the Republican Party of Florida.

Signature of Member

Signature of Witness

County/Precinct #

Date

Office: _____

**(State Committeeman, State Committeewoman; Precinct Committeeman, Precinct Committeewoman;
Alt. Precinct Committeeman, Alt. Precinct Committeewoman)**

Address, as it appears on voter registration

Email

City, State, Zip

Phone Number



HCREC Member Email Address and Phone Number Sharing Authorization Form

It has been a practice of the HCREC not to share your email address and phone number with other HCREC Members.

The Party only shares your contact information with declared candidates for public office.

If you want the party to share your email address and phone number with HCREC Members that request your email and phone number, you **must opt in** to have your email address and phone number shared with other HCREC members.

Fill out the following form authorizing the HCREC to disclose your email and phone number to other HCREC Members:

(If the HCREC does not have this Authorization on file your email address and phone number **will not** be shared).

Name: _____

Effective Date of Opt in: _____

Precinct Number: _____

Email Address: _____

Phone Number: _____

Signature: _____

Authorization (opt in) is in effect unless revoked by my signature below and dated as such.

Date of Revocation: _____

Signature authorizing revocation: _____

Witnessed by: _____

Complete the form and return to MarDee Buchman at the HCRP HQ.
This can be done electronically (mardeerec@gmail.com), by U.S. Mail or in person

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