



**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

**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

