

**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