



PARTY LOYALTY OATH

I, _____, swear or affirm that during my term of party office
Print Full Name Clearly

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

(1) Seeking election against the Republican Party’s nominee in a partisan unitary, general, or special election that includes a Republican nominee; or

(2) Who is not a registered Republican and is seeking election against 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 my capacity as a Republican Executive Committee member I will not support, in a contested Republican primary election, the nomination of one Republican candidate over another, or in a nonpartisan election, the election of one registered Republican over another, unless the Executive Committee has voted to endorse that candidate in accordance with 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 or my personal registered Republican candidate of choice in a nonpartisan 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

Date: _____

County/Precinct #: _____

Party Office: _____

(State Committeeman/Committeewoman; Precinct Committeeman/Committeewoman; or Alternate Precinct Committeeman/Committeewoman)

Street Address *(as appears on voter registration)*

City/Zip

Email

(Loyalty Oath Must Be Witnessed, Verified, or Notarized)

Signature of Witness

Printed Name of Witness

CANDIDATE OATH

Committeemen and Committeewomen

Check applicable one:

- Precinct Committeeman or Committeewoman
- District Committeeman or Committeewoman
- State Committeeman or Committeewoman

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and (2), Florida Statutes)

I, _____,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying.)

am a candidate for the office of **Committeeman** **Committeewoman**

Precinct/District Number _____ (Not applicable to State Committeemen and State Committeewomen);

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.

Statement of Party

(Section 99.021(1)(b), Florida Statutes)

I am a member of the _____ Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, 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, by the executive committee of the above-stated political party.

Candidate's Florida Voter Registration Number (located on your voter information card): _____

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*

X _____ ()
Signature of Candidate Telephone Number Email Address

Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____