

CANDIDATE OATH –

Committeemen and Committeewomen

Check applicable one:

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

2020 JUN -8 PM 1:42
 BROWARD COUNTY
 SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

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

I, Daniele Marques Haddad

(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.)

I 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 Broward 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 Republican 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 127724959

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 D Haddad 931 303-6818 dmhaddad333@gmail.com
 Signature of Candidate Telephone Number Email Address
8810 NW 39th Ct, Coral Springs FL 33065
 Address City State ZIP Code

STATE OF FLORIDA
 COUNTY OF Broward

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

Sworn to (or affirmed) and subscribed before me by physical or
 online presence this 29 day of May, 2020.
 Personally Known: _____ or Produced Identification:
 Type of Identification Produced: FL Drivers Lic



NICHOLAS ORSINO
 Commission # GG 146184
 Expires November 2, 2021
 Bonded Thru Budget Notary Services

Filing For June

2020 JUN -2 PM 1:59

BROWARD COUNTY
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