

**CANDIDATE OATH –  
Committeemen and Committeewomen**

Check applicable one:

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

2020 JUN 11 PM 12:49  
BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

**Candidate Oath**

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

I, **Richard DeNapoli**

(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): 102343724

**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.]  
RICH-erd DEE-NAP-o-LEE

<b>X</b> <u>Richard DeNapoli</u>	(954) 488-1890	rdenapoli@yahoo.com
<b>Signature of Candidate</b>	Telephone Number	Email Address
4416 Jackson Street	Hollywood	FL 33021
Address	City	State ZIP Code

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by  physical or  online presence this 11<sup>TH</sup> day of JUNE, 2020.

Personally Known: X or Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

**Signature of Notary Public**

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

