

CANDIDATE OATH –

Committeemen and Committeewomen

Check applicable one:

☒ Precinct Committeeman or Committeewoman

☐ District Committeeman or Committeewoman

→ ☒ State Committeeman or Committeewoman

2020 JUN 11 PM 3:16

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

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

I, Robert W Sutton

(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 None (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): 102188659

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 Robt W Sutton

Signature of Candidate

(954) 683-9597

Telephone Number

RWS BRFC @ gmail - com

Email Address

8934 Shadow Wood Blvd Coral Springs

Address

City

FL

State

33071

ZIP Code

STATE OF FLORIDA

COUNTY OF Broward

Celeste S. Ellich

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 10 day of June, 2020

Personally Known: ☒ or Produced Identification: ☐

Type of Identification Produced: _____

