CANDIDATE OATH DISTRICT COMMITTEEMEN AND COMMITTEEWOMEN

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2016 JUN -8 AM 9: 45

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

| OATH OF CANDIDATE (Section 99.021, Florida Statutes) | | |
|--|--|--|
| I, RAFAEL ALFONSO | | |
| (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 District Committeeman Committeewoman District Number 24 | | |
| I am a qualified elector of MIAMI - DADE 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): 109606318 | | |
| * 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): | | |
| 'RA-FA-EL AL-FON-SO. | | |
| STATEMENT OF PARTY (Section 99.021, Florida Statutes) | | |
| I am a member of the <u>REPUBLICAN</u> 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 Para Collenso 305 225-0112 RA 9390 & GMAIL COM Signature of Candidate Telephone Number Email Address | | |
| Signature of Candidate Telephone Number Email Address | | |
| 9390 W FLAGLER ST # 106 MIAMI FL 33174 Address City State ZIP Code | | |
| Address City State ZIP Code | | |
| STATE OF FLORIDA | | |
| COUNTY OF MIAMI-DADE | | |
| Sworn to (or affirmed) and subscribed before me this <u>D6</u> day of <u>Tont</u> , 20 16. | | |
| Personally Known: or Signature of Notary Public | | |
| Produced Identification: 405 Print, Type, or Stamp Commissioned Name of Notary Public | | |
| Type of Identification Produced: | | |
| PRIVERS (ICENSE) GABRIEL PENA DAVILA MY COMMISSION #FF179570 EXPIRES November 30, 2018 (407) 398-0153 FloridaNotaryService.com | | |



Republican Party of Florida Party Loyalty Oath

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

| I, RAFAEL ALFONSO (Name of Member - Please write clearly) | swear and/or affirm that during my term of | |
|---|---|--|
| office I will not actively, publicly, or financially support the election of any candidate other than the | | |
| Republican Candidate in a partisan unitary, general or special election, or a registered Republican in | | |
| non-partisan elections, other than Judicial races governed under chapter 105, Plorida Statutes, if | | |
| there is a registered Republican running for the same office. | | |
| Further, in a contested Republican primary election, I will not support the nomination of one | | |
| Republican candidate over another in my capacit | y as a Republican County Executive Committee member | |
| unless the Party has voted to endorse under RPOF Rule 8. This rule does not preclude me from | | |
| supporting in any manner my personal Republican candidate of choice, provided I do not express | | |
| such support with public reference to my title or office within the Republican Party of Florida. | | |
| Rafael alfonse Signature of Member | Signature of Witness | |
| MIAMI-DADE #405 County/Precinct# | 06/06/2016 Date | |
| Office: PRECINCT COMMITTEE MAN DISTRICT ZY (State Committeeman, State Committeewoman; Precinct Committeeman, Precinct Committeewoman; Alt. Precinct Committeeman, Alt. Precinct Committeewoman) | | |
| Address, as it appears on voter registration | RA 9390 @ GMAIL. COM Email | |
| MIAMI FL. 33174 City, State, Zip | (305) 225-0112 | |
| ong, orate, Lip | Phone Number | |

Phone Number