CANDIDATE OATH DISTRICT COMMITTEEMEN AND COMMITTEEWOMEN

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

STATE OF FLORIDA COUNTY OF City Or Address Sworn to (or affirmed) and subscribed before me this 21 day of Signature of Notary Public Produced Identification: Produced Identification: Signature of Candidate Telephone Number 305) 335-2681 Ce// Telephone Number 33 / 24/ State Telephone Number 33 / 24/ State ZIP Code Talephone Number 33 / 24/ State ZIP Code Sworn to (or affirmed) and subscribed before me this 21 day of Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public	OFFICE USE ONLY
am a candidate for the office of District Committeeman Committeewana District Number Committee Committee Committee Committee Committee Committee Committee Committee Committee 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): 109903130 *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): **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): **Pricase 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): **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 leyled against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member of 365 3355 248 Ce/l **Signature of Gandidate** **Tolephone Number** **T	I, KINA B. HARSHANSKY
*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): **RIST Na B. Dary - Haw - Ski STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the 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 leyled against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member of any other political party, of which I am a member of any other political party, of which I am a member of any other political party, of which I am a member of any other political party, of which I am a member of any other political party, of which I am a member of any other political party, of which I am a member of any other paid the assessment election for which I seek to qualify; and I have paid the assessment election for which I seek to qualify; and I have paid the assessment election for which I seek to qualify; and I have paid the assessment election for which I seek to qualify; and I have paid the assessment election for which I seek to qualify; and I have paid the assessment election for which I seek to qualify; and I have paid the assessment election for which I seek to qualify; and I have paid the assessment election for which I seek to qualify; and I have paid the assessment election for which I seek to qualify; and I have paid the assessment election of the paid and the assessment election for which I seek to qualify; and I have paid the assessment election for which I seek to qualify; and I have paid the assessment election for which I seek to qualify; and I have paid the assessment election for which I seek to qualify; and I have paid the assessment election for any election for any election for any election election election for any election elec	am a candidate for the office of District Committeeman Committeewoman District Number, I am a qualified elector of AANI DAE 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
Address STATEMENT OF PARTY (Section 99.021, Florida Statutes) Lam a member of the Statutes Party: I have not been a registered member of any other political party for 36s days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment leyled against me, if any, as a candidate for said office by the executive committee of the political party, of which I any a member. Support of dandidate Telephone Number State Telephone Number Telephone Number State Telephone Number Telephone N	
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 leyfed against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member. 303 964	disabilities (see instructions on page 2 of this form):
Sworn to (or affirmed) and subscribed before me this 21 day of	I am a member of the Roll of the Deginning 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. Am a member of the Deginning 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. Am a member of the Deginning 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. Am a member of the Deginning 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. Am a member of the Deginning 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. Am a member of the Deginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any a candidate for said office by the executive committee of the political party, of the assessment levied against me, if any a candidate for said office by the executive committee of the political party of the assessment levied against me, if any a candidate for said office by the executive committee of the political party of the assessment levied against me, if any a candidate for said office by the executive committee of the political party of the assessment levied against me, if any a candidate for said office by th
Personally Known: or Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: BARBARA HERRERA Notary Public - State of Florida My Comm. Expires May 17, 2018	STATE OF FLORIDA COUNTY OF Miami - Och
Personally Known: or Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public Type of Identification Produced: BARBARA HERRERA Notary Public - State of Florida My Comm. Expires May 17, 2018	Sworn to (or affirmed) and subscribed before me this 21 day of 5016, 20 (0.
	Personally Known: or



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Republican Party of Florida Party Loyalty Oath

I, Name of Member - Please write clearly)
office I will not actively, publicly, or financially support the election of any candidate seeking election against: (1) The Republican Party's nominee in a partisan unitary, general, or special election that
includes a Republican nominee; or (2) 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 a contested Republican primary election, I will not support the nomination of one Republican candidate over another in my capacity as a Republican County Executive Committee member unless the Party has voted to endorse under 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, provided I do not express such support with public reference to my title or office within the Republican Party of Florida.
Signature of Member Signature of Witness
County/Precinct# Date OG-2/-/ Date
Office: Precinct Committeeman, State Committeewoman; Precinct Committeeman, Precinct Committeewoman; Alt. Precinct Committeewoman)
7300 Wayne Cultitor Fomento 2TO yahoo. Come Address, as it appears on voter registration Email
M/1811 Beach 72.33/4/ Home (305) 864-4003 Phone Number Cell (305) 335-288/