

CANDIDATE OATH -
PRECINCT COMMITTEEMEN AND
COMMITTEEWOMEN

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, GAIL Paris

(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 Precinct ☐ Committeeman ☒ Committeewoman Precinct Number 995

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): 121991328

* 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):

GAIL PARIS

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Democratic 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

Gail Paris
Signature of Candidate

646 228-0435
Telephone Number

gailworks1@gmail.com
Email Address

951 Brickell Ave
Address

Miami
City

FL
State

33131
ZIP Code

STATE OF FLORIDA

COUNTY OF MIAMI DADE

Sworn to (or affirmed) and subscribed before me this 18 day of MAY, 2016.

Personally Known: ☒ or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

