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, Robert Christian Julien
(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 337,

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): 117560631

* 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):

Ro-BERT C. Ju-li-EN

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 Robert C. Julien (786) 382-7524 r.julien@post.harvard.edu

Signature of Candidate | Telephone Number | Email Address

660 East 29th St Hialeah FL 33013

Address | City | State | ZIP Code

STATE OF FLORIDA

COUNTY OF MIAMI Dade

Sworn to (or affirmed) and subscribed before me this 30 **day of** April, 2016.

Personally Known: ✓ or

Produced Identification: _____

Type of Identification Produced:

_____

Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

JUAN CARLOS CUBA
MY COMMISSION #FF974175
EXPIRES: APR 15, 2020
Bonded through 1st State Insurance