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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Republican Party of Florida Party Loyalty Oath

I, Maria De La Miler swear and/or affirm that during my term of (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 Witness Minni Dade #328 County/Precinct # Date Date		
Office: Precinct Committeewoman; Precinct Committeewoman; Alt. Precinct Committeewoman, Alt. Precinct Committeewoman)		
Address, as it appears on voter registration Alin lenh, F/ 33012 City, State, Zip Md/mnngeles @ hellsmeth. rel Email (305) 5-58-0925 Phone Number		

CANDIDATE OATH DISTRICT COMMITTEEMEN AND COMMITTEEWOMEN

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

	OFFICE USE ONLY	
	TE (Section 99.021, Florida Statutes) LOT* NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)	
am a candidate for the office of District Committeemal	n Committeewoman District Number	
I am a qualified elector of Minmi 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 you	2 , ,	
* Please print name phonetically on the line below as you wis disabilities (see instructions on page 2 of this form):	h it to be pronounced on the audio ballot for persons with	
MARIA De LA MI	ler A	
I am a member of the Apple Cast party for 365 days before the beginning of qualifying preceding the assessment levied against me, if any, as a candidate for which I am a member. Signature of Candidate Telephone Numbers Address City	Party; I have not been a registered member of any other political ng the general election for which I seek to qualify; and I have paid or said office by the executive committee of the political party, of modern the political party of the party of the political party of the p	
STATE OF FLORIDA COUNTY OF MISSING DAGE		
Sworn to (or affirmed) and subscribed before me this 14 day of fune, 2016.		
Personally Known: or	Signature of Notary Public	
Produced Identification:	Print, Type, or Stamp Commissioned Name of Notary Public	
Type of Identification Produced:	TOMAS L. HERNANDEZ MY COMMISSION # FF 244754 EXPIRES: July 22, 2019 Bonded Thru Notary Public Underwriters	