

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, Adam Jacobowitz

(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 1035

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): 1190774410

* 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):

Adam Jay-cobowitz

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 ad jacobowitz (917) 593-4361 adjacobowitz@gmail.com
Signature of Candidate Telephone Number Email Address

137 Morningside Drive Coral Gables FL 33133
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 17th day of June, 2016.

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced:

