

CANDIDATE OATH -
PRECINCT COMMITTEEMEN AND
COMMITTEEWOMEN

RECEIVED
2016 JUN 23 AM 9:01
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Isabel Loaiza
(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 23

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): 119866293

* 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):

Isabel Loaiza (Esah-behl Loh-ay-ee-sa)

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 [Signature] (786) 443-1244 isaloaiza@gmail.com
Signature of Candidate Telephone Number Email Address

17570 Atlantic Blvd Apt 115, Sunny Isles, FL 33160
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 14th day of June, 2016.

Personally Known: or

Produced Identification: _____

Type of Identification Produced:

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

