CANDIDATE OATH -PRECINCT COMMITTEEMEN AND COMMITTEEWOMEN

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFF	ICE USE ONLY
OATH OF CANDIDATE (Section 99.021, Florida Statutes) I, (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* NAME MAY NOT BE CHANGED AFTER THE END OF QUALIF	YING)
am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number I am a qualified elector of County, Florida; I am qualified under the Const Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution States and the Constitution of the State of Florida.	983 ,
Candidate's Florida Voter Registration Number (located on your voter information card): 123321583	at e
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for person disabilities (see instructions on page 2 of this form): Thee-ch-door Oh-Bryan	s with
STATEMENT OF PARTY (Section 99.021, Florida Statutes) I am a member of the	nd I have paid litical party, of
STATE OF FLORIDA COUNTY OF	of Notary Public