

CANDIDATE OATH –

Committeemen and Committeewomen

Check applicable one:

- Precinct Committeeman or Committeewoman
- District Committeeman or Committeewoman
- State Committeeman or Committeewoman

SUPERVISOR OF ELECTIONS

2020 JUN -8 PM 5:12

PALM BEACH COUNTY, FL

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and (2), Florida Statutes)

I, Cindy Falco-DiCorrado

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying.)

am a candidate for the office of Committeeman Committeewoman

Precinct/District Number _____ (Not applicable to State Committeemen and State Committeewomen),

I am a qualified elector of Palm Beach 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.

Statement of Party

(Section 99.021(1)(b), Florida Statutes)

I am a member of the REPUBLICAN 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 104677629

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Cindy Falco-DiCorrado 904-501-3082 Getting red with Cindy @ hotmail.com

Signature of Candidate	Telephone Number	Email Address
<u>316 NW 1st Ave</u>	<u>Boynton</u>	<u>Beach Fla</u>
Address	City	State
		<u>33435</u>
		ZIP Code

STATE OF FLORIDA
COUNTY OF Palm Beach

Amber Sacks
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 8th day of June, 2020.

Personally Known: _____ or Produced Identification:
Type of Identification Produced: FLDL

