

Florida Democratic Party

LOYALTY OATH

County of _____, Florida

I, _____, having been duly sworn, say that I am a member of the Democratic Party, that I am a qualified elector of _____ County, Florida; that during my term of office, I will not support the election of the opponent of any Democratic nominee, I will not oppose the election of any Democratic nominee, nor will I support any non-Democrat against a Democrat in any election other than in judicial races; that I am qualified under the Constitution and Laws of the State of Florida and the Charter and Bylaws of the Florida Democratic Party to hold the office I am seeking, or to which I have been elected; that I have not violated any of the laws of the State of Florida relating to election or the Charter and Bylaws of the Florida Democratic Party.

Print Name _____ Signature _____

(Use either Option 1 OR Option 2)

(OPTION 1)
SIGNED BY A NOTARY PUBLIC.

State of Florida, County of _____

Sworn to and subscribed before me this _____ day of _____, 20____ by

Signature of Notary Public- State of Florida

Personally Known ___ -OR- Produced Identification ___

Type of Identification Produced _____

(OPTION 2)
SIGNED BY TWO WITNESSES

Date: _____

Witness #1 Name (PRINT): _____ Address: _____

City: _____ Zip: _____ County: _____

Signature: _____

Date: _____

Witness #1 Name (PRINT): _____ Address: _____

City: _____ Zip: _____ County: _____

Signature: _____