

How to become a member of the Republican Party of Clay County:

1. Eligibility: Are you a registered Republican in Clay County?
2. Precinct: Is there an opening in your Precinct? If not, you could become an Alternate.
3. Attendance Requirements: You must attend 3 out of 4 consecutive meetings
4. Precinct Oath: You must sign and notarize the Supervisor of Elections Oath
 - a. Fill out the Department of State Loyalty Oath (Document Number: DS-DE 24C) and have it notarized.
 - i. Also available at:
<http://election.dos.state.fl.us/forms/pdf/dsde24c.pdf>
 - b. Turn the Department of State Loyalty Oath into your County's Supervisor of Elections or you can also turn it into your local county REC Chairman with your RPOF Loyalty Oath (below)
 - c. *Note: To find your county's supervisor of elections address contact the Department of State, Division of Elections at: (850) 245-6270 or visit their Website: <http://election.dos.state.fl.us/county/index.shtml>.*
5. Party Oath: You must sign the RPOF Oath
 - a. Fill out the RPOF Loyalty Oath Second Attachment and turn in the RPOF Loyalty Oath to your local county REC Chairman
6. Training: You will be required to complete a 30 minute training session.
7. Vote: The Clay County REC members must vote for you to come on the committee which can occur at any scheduled meeting
8. Continued Attendance Requirements: Failing to attend three consecutive meetings will be an automatic forfeiture of your seat.

**LOYALTY OATH
FOR PRECINCT COMMITTEEMEN
AND COMMITTEEWOMEN**

(Sections 876.05 - 876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

_____, **COUNTY**

I,

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First Name

Middle Name/Initial

Last Name

a citizen of the State of Florida and of the United States of America, ...and a candidate for political party office... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

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 QUALIFYING)

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 Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected.

STATEMENT OF PARTY
(Section 99.021, Florida Statutes)

I am a member of the _____ party. I am not a registered member of any other political party and have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify. 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 of Candidate **Daytime Telephone Number** **Email Address**

Address **City** **State** **ZIP Code**

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 200_____.

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced:

Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public

Party Loyalty Oath



I, _____, hereby swear and affirm that during my term of office I will not actively, publicly, or financially support the election of any candidate other than the Republican candidate in a partisan unitary, general or special election, or a Registered Republican in non-partisan elections, other than Judicial races governed under Florida Statute 105, if there is a registered Republican running for the same office, unless the county executive committee has taken an affirmative vote to endorse one Republican over another per Rule 8(B). I further swear and affirm that I will not engage in activities or conduct that may be deemed by the Grievance Committee and affirmed by the RPOF Chairman as likely to injure the name of the Republican Party or interfere with the activities of the Republican Party.

COUNTY: _____

PRECINCT OR DISTRICT: _____

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

WITNESSED BY: _____

PRINTED NAME: _____

Republican Party of Florida