

**LOYALTY OATH**

(Sections 876.05-876.10, Florida Statutes)

**CANDIDATE WITH NO PARTY AFFILIATION**

**STATE OF FLORIDA**

**COUNTY OF \_\_\_\_\_**

**OFFICE USE ONLY**

|                   |                            |                  |
|-------------------|----------------------------|------------------|
| I, _____          | _____                      | _____            |
| <b>First Name</b> | <b>Middle Name/Initial</b> | <b>Last Name</b> |

a citizen of the State of Florida and of the United States of America, and being [*a candidate for public office*] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**Important:** *If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.*

**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 with no party affiliation for the office of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(office) (district)  
\_\_\_\_\_, \_\_\_\_\_; I am a qualified elector of \_\_\_\_\_ County, Florida;  
(circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

|                               |                         |                      |
|-------------------------------|-------------------------|----------------------|
| <b>X</b>                      | ( )                     |                      |
| <b>Signature of Candidate</b> | <b>Telephone Number</b> | <b>Email Address</b> |

|                |             |              |                 |
|----------------|-------------|--------------|-----------------|
| <b>Address</b> | <b>City</b> | <b>State</b> | <b>ZIP Code</b> |
|----------------|-------------|--------------|-----------------|

**Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

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