

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH PARTY AFFILIATION

STATE OF FLORIDA

COUNTY OF _____

OFFICE USE ONLY

I, <input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name/Initial	Last Name

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 for the office of _____, _____, _____,
(office) (district) (circuit)

_____ ; I am a qualified elector of _____ County, Florida; I am qualified
(group)

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.

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; I 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; 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.

X	()	_____
Signature of Candidate	Telephone Number	Email Address

_____	_____	_____	_____
Address	City	State	ZIP Code

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

Personally Known: _____ or _____
Signature of Notary Public – State of Florida

Produced Identification: _____
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:
