## **Broward Republican Executive Committee**



224 Commercial Blvd. Suite 305 Lauderdale by the Sea, FL 33308

Email: chairman@browardgop.org Phone: 954-941-7775

## PRECINCT COMMITTEEMAN/ COMMITTEEWOMAN APPLICATION

The Broward Republican Executive Committee (BREC) consists of precinct committeemen and committeewomen who represent registered Republicans in their precincts. The role of BREC members is to get-out-the-vote in their precinct by organizing, recruiting, and mobilizing Republicans to vote -- whether absentee, early voting, or Election Day.

Your BREC Application is not considered "complete" without the following:

- 1. A notarized Candidate Oath
- 2. A signed Republican Party of Florida (RPOF) Loyalty Oath

You must reside in the precinct that you will represent. If your precinct has the maximum allowed committeemen/women, you will be listed as an alternate. If you do not know your precinct number, leave that portion blank and a BREC officer will fill it in. The two forms must contain your original signature and be notarized, and then be mailed to the addresses listed above or physically handed in at a BREC meeting. The membership committee will be in communication with you regarding your application. You must attend two meetings in order to be voted onto the membership roster.

FIRST NAME:	
LAST NAME:	
ADDRESS:	
CITY:	
PHONE NUMBER:	
EMAIL:	
VOTER REGISTRATION NUMBER:	 
PRECINCT NUMBER:	_
REFERENCE:	



## **PARTY LOYALTY OATH**

l,, swea	r or affirm that during my term of party office
I will not actively, publicly, or financially s	upport the election of any candidate:
(1) Seeking election against the Rep general, or special election that inc	oublican Party's nominee in a partisan unitary, Iudes a Republican nominee; or
	publican and is seeking election against a tisan election, except that this provision does apter 105, Florida Statutes.
member I will not support, in a contested of one Republican candidate over another one registered Republican over another, endorse that candidate in accordance preclude me from supporting in any mechoice in a contested Republican processor of the Republican candidate of choice in a nor	pacity as a Republican Executive Committeed Republican primary election, the nomination er, or in a nonpartisan election, the election of unless the Executive Committee has voted to with RPOF Rule 8. This provision does not anner my personal Republican candidate of imary election or my personal registered apartisan election, provided I do not express y title or office within the Republican Party of
Signature of Member	Date:
County/Precinct #:	Party Office:(State Committeeman/Committeewoman; Precinct Committeeman/Committeewoman; or Alternate Precinct
Street Address (as appears on voter registration)	Committeeman/Committeewoman)
City/Zip	Email
(Loyalty Oath <u>Must Be</u> Witnessed, Verified, or Notarized)	
Signature of Witness	Printed Name of Witness  RPOF Rule 9: 06_11_2022

CANDIDATE OATH –			
Committeemen and Committeewomen			
Check applicable one:			
☐ Precinct Committeeman or Committeewoman			
☐ District Committeeman or Committeewoman			
State Committeeman or Committeewoman	OFFICE LISE ONLY		
	ate Oath and (2), Florida Statutes)		
(Print name above as you wish it to appear on the ballot. If you check box (see page 2 - Compound Last Names). No ch	our last name consists of two or more names but has no hyphen, ange can be made after the end of qualifying.)		
am a candidate for the office of Committeeman	Committeewoman		
Precinct/District Number (Not applicable to State	e Committeemen and State Committeewomen);		
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; and I will support the Constitution of the United			
States and the Constitution of the State of Florida.			
	ot of Party b), Florida Statutes)		
which I am seeking nomination as a candidate, for 365 da	arty; I have been a registered member of this political party, for ys before the beginning of qualifying preceding the general sment levied against me, if any, by the executive committee of		
Candidate's Florida Voter Registration Number (located on year)	our voter information card):		
	n the line below as you wish it to be pronounced on the audions on page 2 of this form): [Not applicable to write-in candidates.]		
X ( ) Signature of Candidate Telephone Number	Email Address		
Address City	State ZIP Code		
STATE OF FLORIDA  COUNTY OF	Signature of Notary Public		
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of Notary Public below:		
online notarization OR physical presence			
this, 20			
Personally Known OR Produced Identification			
Type of Identification Produced:			