

LOYALTY OATH

I, _____, having been duly sworn, say that I am a member of the Democratic Party, that I am a qualified elector of Palm Beach 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 Palm Beach

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: _____ State: _____ Zip: _____

County: Palm Beach

Signature: _____

Date: _____

Witness #2 Name (PRINT): _____ Address: _____

City: _____ State: _____ Zip: _____

County: Palm Beach

Signature: _____