



Republican Party of
Miami-Dade County

INSTRUCTIONS ON BECOMING A PRECINCT COMMITTEEMAN/WOMAN

(REQUIRED FOR EXISTING AND NEW MEMBERS EVERY PRESIDENTIAL ELECTION YEAR)



**FLORIDIANS
FIRST**

www.FloridiansFIRST.us

**Like America First,
But with Attitude!**

This Miami-Dade Republican Executive Committee form is provided as a **courtesy** to the Miami-Dade County, America First, Patriot, Republican Community. PLEASE, read the instructions carefully and send a scanned or snail mail (USPS) copy of your application to **Floridians FIRST** so that we can monitor its progress since in the past many applications of Trump Conservatives have been “*mysteriously*” lost, BUT blue RINOs applications were fast-tracked.

If you make a mistake you can download a fresh application off our website at: www.FloridiansFIRST.us Also subscribe to our **Paul Revere** up-dates @ our site! Go to our website and scroll down.

Email us a copy of your app so we can monitor progress & inform you of its success. (ChrisBarcenas@Gmail.com).

Finally, join us on a no charge **FREE SPEECH** phone app called Telegram. Download it before BIG tech de-platforms this awesome forum where we meet and strategize. **Bypass Twitter & Facebook JOIN TODAY!**

- ✓ **FIRST PAGE:** Access to Handbook and the Election Laws of the State of Florida Form
 - Office Sought: Precinct Committeeman/woman
- ✓ **SECOND PAGE:** Supervisor of Elections **CANDIDATE OATH** (Must be notarized).
 - **IN FRONT OF A NOTARY**, sign your name next to the **X**. Please then write your address as it appears on your voter registration.
 - **Please**, print your name at the top. You **may** LEAVE YOUR PRECINCT NUMBER BLANK, LEAVE YOUR VOTER REGISTRATION NUMBER BLANK (*unless you have it*), and LEAVE YOUR PHONETIC SPELLING BLANK, as we can fill this in for you.
- ✓ **THIRD PAGE:** Party Loyalty Oath must be filled out, your signature, and a witness sign.
 - This form DOES NOT need to be notarized, but witness signature a must.
- ✓ **FINAL STEP:** Submit your application via E-Mail to: ChrisBarcenas@Gmail.com “OR” snail mail (USPS)

Download Telegram App!



Floridians FIRST is an
UNASHAMED Red Hot Chili
MAGA Loving Movement
Pushing TRUMP Policies for
Miami-Dade County!

Snail Mail Application To:
Floridians FIRST, Inc.
ATTN: Gabe Carrera, Esq.
1065 SW 8th St #1072
Miami, FL 33130
ChrisBarcenas@Gmail.com



Access to Handbook and the Election Laws of the State of Florida

Candidate/Chairperson:

Form with fields for First Name, Middle Name, Last Name, and Office Sought / Organization.

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Two checkboxes with links to Candidate Qualifying Handbook and Political Committee Handbook, each followed by a descriptive paragraph.

Acknowledged by: _____ Candidate / Chairperson Signature

Date: _____

Primary Telephone Number: _____

Alternate Telephone Number: _____

E-mail address: _____

CANDIDATE OATH –

Committeemen and Committeewomen

Check applicable one:

- Precinct Committeeman or Committeewoman
- District Committeeman or Committeewoman
- State Committeeman or Committeewoman

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and (2), Florida Statutes)

I, _____
 (Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying.)

am a candidate for the office of **Committeeman** **Committeewoman**

Precinct/District Number _____ (Not applicable to State 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.

Statement of Party

(Section 99.021(1)(b), Florida Statutes)

I am a member of the _____ Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying 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.

Candidate's Florida Voter Registration Number (located on your voter information card): _____

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions 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
 Print, Type, or Stamp Commissioned Name of Notary Public below:

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

Personally Known: _____ or Produced Identification: _____

Type of Identification Produced: _____



Republican Party of Florida Party Loyalty Oath

I, _____, swear and/or affirm that during my term of
(Name of Member – Please write clearly)
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 chapter 105, Florida Statutes, if
there is a registered Republican running for the same office.

Further, in a contested Republican primary election, I will not support the nomination of one
Republican candidate over another in my capacity as a Republican County Executive Committee member
unless the Party has voted to endorse under RPOF Rule 8. This rule does not preclude me from
supporting in any manner my personal Republican candidate of choice, provided I do not express
such support with public reference to my title or office within the Republican Party of Florida.

Signature of Member

Signature of Witness

County/Precinct #

Date

Office: _____

**(State Committeeman, State Committeewoman; Precinct Committeeman, Precinct Committeewoman;
Alt. Precinct Committeeman, Alt. Precinct Committeewoman)**

Address, as it appears on voter registration

Email

City, State, Zip

Phone Number