

EXECUTIVE COMMITTEE MEMBERSHIP

Thank you for your interest in the **Charlotte County Republican Executive Committee**. The Executive Committee is a body whose members are elected by the Republican voting public for a four-year term in presidential year elections. In the period between elections, vacancies may be filled by individuals meeting the requirements listed below under the guidance of the Membership Committee.

1. The number of Committeewomen and Committeemen for each Precinct in Charlotte County is determined by the number of registered voters in the Precinct and is a published item maintained by the Supervisor of Elections. Republicans who are residents of a Precinct are eligible to become Precinct Committee members provided that they have been registered Republicans for at least 365 days before they apply for the position and must state so in writing.
2. A Candidate may apply for the position of Committeeman or Committeewoman if there is a vacancy. If all Committee positions are filled, the Candidate may apply to be an Alternate for a current position.
3. The application form should be completed.
4. The Candidate Oath form must be filled out completely, signed in the presence of a Notary Public, and Notarized. If you don't have convenient access to a Notary, we can provide one.
5. The Republican Party Loyalty Oath form must be read, filled out, and signed in the presence of a witness.
6. All completed paperwork should be presented to the Secretary at a regular business meeting. Please contact anyone on the Membership Committee to find out when the next business meeting is scheduled and for any further information.

Charlotte County Republican Headquarters
2171 Tamiami Trail PO Box 380033
Port Charlotte, FL 33848 Murdock, FL 33838

Hours: Tuesdays and Thursdays 10:00AM-5:00PM
Call 941-743-7335 for an appointment, or
Email one of the members on the below list.

Membership Committee Members

Christine McNamara cmdc12@yahoo.com
Sheila McNamara sheilamcnamara30@gmail.com
Cathy Bateman cakeejo@yahoo.com
Sandy Funk quilterfunk@yahoo.com



PARTY LOYALTY OATH

I, _____, swear or affirm that during my term of party office
Print Full Name Clearly

I will not actively, publicly or financially support the election of any candidate:

(1) Seeking election against the Republican Party's nominee in a partisan unitary, general, or special election that includes a Republican nominee; or

(2) Who is not a registered Republican and is seeking election against a registered Republican in a non-partisan election, except that this provision does not apply to judicial races under Chapter 105, Florida Statutes.

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

Signature of Member

Date: _____

County/Precinct #: _____

Party Office _____

State Committeeman/Committeewoman; Precinct
Committeeman/Committeewoman; or Alternat
Precinct Committeeman/Committeewoman

Street Address (as appears on voter registration)

_____ State _____

City/Zip

Email _____

(Loyalty Oath Must be Witnessed, Verified, or notarized)

Signature of Witness

Printed Name of Witness

Give this to a friend



**Scan to learn more about the Charlotte County GOP
Simply open your smartphone camera and point it
it will take you to our website www.Charlottegop.com
Thank you for sharing and we look forward to seeing you.**



Charlotte County Republican Executive Committee

PO Box 380033 Murdock, FL 33938-0033 Tel: 941.743.7335 www.charlottegop.com

APPLICATION FOR MEMBERSHIP

Position Applied for: Committee Man Committee Woman Alternate for: _____

Name: _____ DOB (m/d/y) _____ Precinct # _____

Address _____

City, State, Zip (+4) _____

Mailing Address (if different) _____

City, State, Zip (+4) _____

Telephone (Home) _____ (Cell) _____

Email (print clearly) _____ Mark here if you prefer USPS mail only

Main or former (if retired) occupation and nature of work: _____

Education (highest level completed) _____ Spouses Name: _____

Committee Interest (Please check all that apply. All members must join at least one committee.)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Appointments | <input type="checkbox"/> Education | <input type="checkbox"/> Legislative Relations | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Audit | <input type="checkbox"/> Finance | <input type="checkbox"/> Lincoln Day | <input type="checkbox"/> Teenage Republican |
| <input type="checkbox"/> Bylaw Review & Revision | <input type="checkbox"/> Get out the Vote-Door | <input type="checkbox"/> Membership | <input type="checkbox"/> Voter Registration |
| <input type="checkbox"/> Candidate Development | <input type="checkbox"/> Get out the Vote-Phone | <input type="checkbox"/> Operations | <input type="checkbox"/> Young Republicans |
| <input type="checkbox"/> Communications Technology | <input type="checkbox"/> Grievance | <input type="checkbox"/> Outreach | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Credentials | <input type="checkbox"/> Headquarters Support | <input type="checkbox"/> Programs | |

Special Skills & Experience (please check any and all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Poll Worker | <input type="checkbox"/> Telephone Banks | <input type="checkbox"/> Precinct Committee Person |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Program/Speakers | <input type="checkbox"/> Headquarters Volunteer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Campaign Work | <input type="checkbox"/> Legislation | <input type="checkbox"/> Technology | |
| <input type="checkbox"/> Data Base | <input type="checkbox"/> Newsletter/Photography | <input type="checkbox"/> Legal | |

I agree to support the Republican Party and its Candidate, to fulfill the duties of this elected position, to attend regular and special meetings of the Executive Committee, and to help accomplish the goals and objectives of the Charlotte County Republican Executive Committee, to the best of my ability.

According to our by-laws, any request for absences from meetings requires notification in advance. Any three unexcused absences per year could result in dismissal from your position.

Signed: _____ Date: _____

Name of REC Sponsor: _____ Phone: _____

Please attach a copy of the front of your Voter Registration Card and Driver's License.

For Staff Review: Application Received on: _____		Date Interviewed: _____	
Membership Committee Recommendations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Executive Committee Approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____

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 been a registered member of this political party, for which I am seeking nomination as a candidate, 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, by the executive committee of the above-stated political party.

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 by means of
online notarization OR physical presence

this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____