



Charlotte County Democratic Executive Committee Precinct Captain Application

Thank you for committing to serve the Charlotte County Democratic Executive Committee (DEC); the governing body of the Democratic Party in Charlotte County. The DEC is composed of Precinct Captains (Precinct Committeeman/Precinct Committeewoman) from each precinct.

Name (Printed as Shown on Voter Registration):			Precinct:
Address:	City:	State:	Zip:
Phone:	Email:		
Employer:	Occupation:	Date of Birth:	
Civic, Social & Political Clubs / Activities:			
Signature:		Date:	

Florida Democratic Party - County of Charlotte, Florida Unity Statement

I, _____, state that I am a member of the Democratic Party, that I am a qualified elector of CHARLOTTE COUNTY, Florida. To foster unity for Democratic candidates, I state that; that during my term of office, I will not publicly support the election of the opponent of any Democratic nominee (excluding 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: _____

**Please complete and return both pages to the Charlotte County Democratic Executive Committee,
Attention: Credentials Committee Chair, at this address:**



OPTION 1: SIGNED BY A NOTARY PUBLIC.

State of Florida, County of _____

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: _____

Signature _____

Date: _____

Witness #2 Name (PRINT): _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Signature _____

To be completed by CC DEC Credentials Committee Chair:

VAN Verified by _____ Date _____

Action by DEC: Qualification Checked _____ Approved: _____ Date: _____

Appointed by Chair: _____ Date: _____

Appointments are limited in duration. See DEC By-Laws

Revised February 17,2021