



## APPOINTED ALTERNATE FORM

Alternate term of office: Date of Appointment to expiration of Appointing Member's term or until superseded by Appointing Member

### ALTERNATE MEMBER OF THE COUNTY CENTRAL COMMITTEE OF THE REPUBLICAN PARTY OF LOS ANGELES COUNTY

I, \_\_\_\_\_ hereby declare that I am a member of the County Central Committee of the Republican Party of Los Angeles County for the \_\_\_\_ Assembly District from \_\_\_\_\_ – \_\_\_\_\_.

I have appointed \_\_\_\_\_ to be an active alternate member in the Los Angeles County Central Committee for AD \_\_\_\_\_, and I hereby authorize this alternate member.

Member's name/ signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Member's name/ signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ALTERNATE OATH OF OFFICE FORM

Alternate term of office: Date of Appointment to expiration of Appointing Member's term or until superseded by Appointing Member

Instructions: complete both pages of this form and return it with the personal data form. These forms will be kept on file at the LAGOP Headquarters.

Sec. 7408. Oath  
Each Member of a Committee, whereas elected to the Committee or appointed to fill a vacancy, before he or she enters the duties of his or her office, shall take and subscribe the oath or affirmation set forth in Section 3 Article XX of the Constitution.

The oath or affirmation required by this section may be taken before the chairperson of the county central committee, the immediate predecessor of the chairperson, or a designee of the chairperson his or her immediate predecessor.

### ALTERNATE OF THE COUNTY CENTRAL COMMITTEE OF THE REPUBLICAN PARTY OF LOS ANGELES COUNTY OATH OF OFFICE

\_\_\_\_\_ do so solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic ; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; That I take this obligation freely without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter .  
Executed on this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
Los Angeles, State of California.

\_\_\_\_\_  
Member's signature



## PERSONAL DATA FORM

Member term of office: December 2020-December 2024  
Ex-officio Term of office: Upon Certification of Nomination from Secretary of State  
Circle One: Member - Alternate – Ex-Officio

Assembly District: \_\_\_\_\_ Senatorial District: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Member's name as Registered to Vote: \_\_\_\_\_

Preferred name for name badge and Membership Roster: \_\_\_\_\_

Residence address (voter registration): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred mailing address (circle one): Residence / Business

Optional information (Use additional sheet if more room is needed):

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School attended: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Which service or community organizations are you member of? \_\_\_\_\_

Which Republican organizations are you a member of? \_\_\_\_\_