

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Voter Information Card | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Lease Agreement |

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

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 2014 JUN - 11 AM 9:55
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

I, BEATRIZ SUAREZ
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of COMMUNITY COUNCIL
(OFFICE) (DISTRICT/GROUP/SEAT #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X Betty Suarez 305-458-8212 Betty T211@yahoo.com
Signature of Candidate Telephone Number Email Address

12362 S.W. 122 PLACE MIAMI FL 33186
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109785800

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
BEE-AH-THEZ - SWJ-MEZ

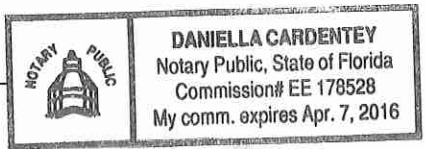
STATE OF FLORIDA
 COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 31 day of May, 2014.

Personally Known: _____ or
 Produced Identification:

[Signature]
 Signature of Notary Public
 Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:
FL Driver License



Florida *The Sunshine State*
DRIVER LICENSE CLASS E



BEATRIZ
TAUBEN
12362 SW 122ND PL
MIAMI, FL 33186-9028
DOB: 06-11-1955 SEX: F
ISSUED: 04-16-2010 HOURS: 03
EXPIRES: 06-11-2018

REST:
ENDORSE:

Beatriz T.



SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

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ELECTIONS DEPARTMENT

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