

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

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

RECEIVED

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt

- 2014 JUN 12 PM 12:40
- Homestead Exemption Receipt
- Lease Agreement

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Jose Miguel Soto
(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) 11/A LARGE (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 Jose M. Soto 305-609-9496 jm.soto@bcfl50004.net
Signature of Candidate Telephone Number Email Address
14620 SW 14th Pl. Miami FL 33186
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 108968288

* 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):

Ho say Me-guel Sow-tow

STATE OF FLORIDA

COUNTY OF Miami-Dade

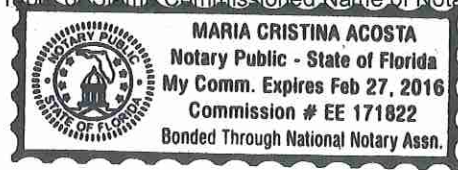
Sworn to (or affirmed) and subscribed before me this 12th day of June, 20 14.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FL Drivers Licc

Maria Cristina Acosta
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



Florida
DRIVER LICENSE CLASS



JOSE MIGUEL
SOTO MENENDEZ
14620 SW 142 PL
MIAMI, FL 33186-7203
DOB: 08-03-1960 SEX: M
ISSUED: 11-03-2010 NOT G-10
EXPIRES: 08-03-2018

Jose M. Soto

REST: A
ENDORSE

SAFE DRIVER

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