



Access to Handbook and the Election Laws of the State of Florida

Candidate/Chairperson:

JESUS

ARIAS

First Name

Middle Name

Last Name

ISLANDS AT DORAL (NE) CDD SEAT 1

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: [Signature] Candidate / Chairperson Signature

Date: 06/16/2014

Primary Telephone Number: 786-439-3845

Alternate Telephone Number: 305-495-1828

E-mail address: JARIAS@DYNA-FL.COM

RECEIVED 2014 JUN 18 PM 1:46 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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2014 JUN 18 PM 1:46

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, JESUS ARIAS

(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 ISLANDS AT DORAL (NE) CDD, _____, _____,
(office) (district #)
_____ , 1 _____; I am a qualified elector of MIAMI-DADE County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida 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.

X



(786) 439-3845

JARIAS@DYNA-FL.COM

Signature of Candidate

Telephone Number

Email Address

8538 N.W. 110TH AVENUE DORAL
Address City

FL
State

33178-5254
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 114213343

* 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):

STATE OF FLORIDA

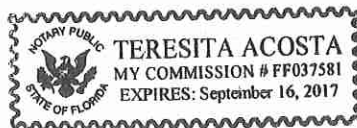
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 16th day of June, 2014.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____




Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public