



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

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2014 JUN 20 AM 11:05
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate/Chairperson:

ANA Jo

First Name

Middle Name

Last Name

LAKES BY THE BAY SOUTH GHS SEAT #3

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: _____

Candidate / Chairperson Signature

Date: _____

6/20/14

Primary Telephone Number: _____

(305) 495-8111

Alternate Telephone Number: _____

E-mail address: _____

basil.pomodoro@yahoo.com

CANDIDATE OATH –
NONPARTISAN OFFICE

(Not for use by Judicial or
School Board Candidates)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, ANA JO

(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 WARD 15 THE PALM SOUTH CDD, _____
(office) (district #)

#3; I am a qualified elector of _____ 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 [Signature] Telephone Number 305 495-8111 Email Address basilpomedoro@nphco.com
Signature of Candidate

8887 SW 2236 WINTER WAY FL 33190
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 116584877

* 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):
Ana Joe

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 20 day of JUNE, 2014.

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced: DRIVERS LICENSE

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



