MIAMI DADE COUNTY	OFFICE USE ONLY
MIAMI-DADE COUNTY	m N
CANDIDATE OATH -	Proof of residency provided:
	Driver's License Utility Bill 2
NONPARTISAN OFFICE	☐ Voter Information Card ☐ Homestead Exemption Receipt
(Not for use by Judicial or School Board Candidates)	Property Tax Receipt Lease Agreement
(1.00.00 by Guardian of Control Bourd Guildiances)	
	PC P <
OATH	OF CANDIDATE
(Section 9	99.021, Florida Statutes)
~ 1	m +
1. Daisu M 12/	70
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)	
THE END OF CONTENT TO ATTEND OF THE BALLOT THANKS MAT NOT BE CHANGED ATTEN THE END OF COALIFTING)	
am a candidate for the nonpartisan office of MIAN	i Dade County Commissioner District 3:
and a danagate for the nonpartical office of	(OFFICE) (DISTRICT/GROUP/SEAT #)
1	
am a qualified elector of Miami-Dade County, Florid	la; 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.	
20	
X () a Plack 3	11/1
1 Just on Mark 3	95-754-6141 dblack0396@aol.com
Signature of Candidate Telep	none Number Email Address
Signature of Candidate Teleph	ione Number Email Address
144 NE 88 TO STR	FI Portal FL 33138
Address	
Address	City State ZIP Code
100011003	
Candidate's Florida Voter Registration Number (located on your voter information card): 109011300	
* 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):	
Day See M	DIACK
	7 5/
STATE OF FLORIDA	
01,	
COUNTY OF Miam-Dade	
	10th
Sworn to (or affirmed) and subscribed before me this _	day of, 20 le.
	≥ 1
Personally Known: or	Davin Huu-
	Signature of Notary Public
Produced Identification:	Print, Type, or Stamp Commissioned Name of Notary Public
Type of Identification Produced:	
Type of identification Froduced.	RAPRADA HEDDEDA
	BARBARA HERRERA Notary Public - State of Florida
the Dairect icouses	Notary Public - State of Florida
the Driver License	Notary Public - State of Florida My Comm. Expires May 17, 2018
H. Driver License	Notary Public - State of Florida



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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT