

JUDICIAL OFFICE
CANDIDATE OATH

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OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

MIAMI-DADE
ELECTIONS

I, RUBEN Y. ALCOBA

(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 judicial office of Conty Judge, _____, _____,
(office) (district #) (circuit #)
35; my legal residence is Miami-Dade County, Florida; I am a qualified elector
(group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X

Signature of Candidate

(305) 362-8118

Telephone Number

rubenalcobaforjudge@gmail.com

Email Address

3399 NW 72 AVE, #211

Address

Miami

City

FL

State

33122

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 102301287

* 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):

ROO-BEN AL-KO-BUH

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 20th day of April, 2016.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



LUIS D. CARREJA
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF148909
Expires 8/7/2018