

CANDIDATE OATH -
PRECINCT COMMITTEEMEN AND
COMMITTEEWOMEN

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2016 JUN 14 PM 4:54

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, CRISTINA ALBRIGHT

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

I am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number 644

I am a qualified elector of MIAMI DADE County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 109193892

* 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):

CRISTINA ALBRIGHT

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the DEMOCRATIC Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

X Cristina Albright
Signature of Candidate

(305) 663-9226
Telephone Number

CRISTINAALBRIGHT@HOTMAIL.COM
Email Address

1255 BLUE RD
Address City

Coral Gables FL
City State

33146
ZIP Code

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 9 day of MAY, 2016

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Daisy M Black
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



DAISY MAE BLACK
MY COMMISSION # FF 038721
EXPIRES: July 26, 2017
Bonded Thru Budget Notary Services