

**MIAMI-DADE COUNTY  
CANDIDATE OATH -  
NONPARTISAN OFFICE**

(Not for use by Judicial or School Board Candidates)

**OFFICE USE ONLY**

Proof of residency provided:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill                |
| <input type="checkbox"/> Voter Information Card      | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt        | <input type="checkbox"/> Lease Agreement             |

RECEIVED  
2016 JUN 17 PM 12:36  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, JOHN PADRON  
(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 Miami Dade Community Council, Area 2/26  
(OFFICE) (DISTRICT/GROUP/SEAT #)

I am a qualified elector of Miami-Dade County, Florida; 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.

X [Signature] 302 446 7397 JOHN.PADRON@comcast.com  
Signature of Candidate Telephone Number Email Address

[Redacted]  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 123592157

\* 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):

JOHN Pa-DRON

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 17 day of JUNE, 2016.

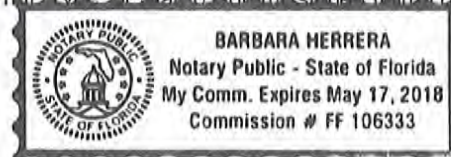
Personally Known: \_\_\_\_\_ or

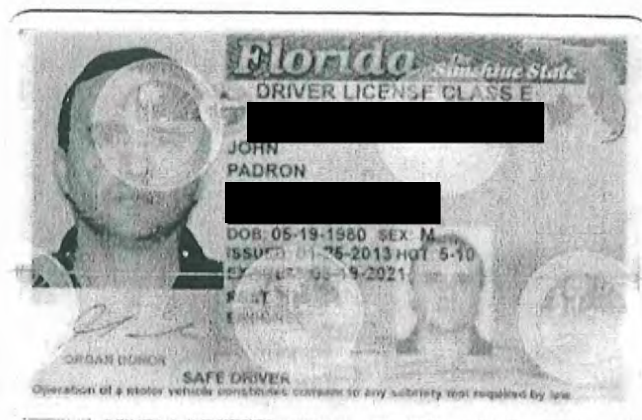
Produced Identification:

Type of Identification Produced:

Fl. Driver License

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





Received 6/17/16  
BH