	Proof of residency provided: Driver's License Voter Information Card Property Tax Receipt OF CANDIDATE 99.021, Florida Statutes)
(PLEASE PRINTNAME 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 Man Dade Cont Corner 15, Share 154; (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 periory I declare that I	
X Signature of Candidate Teleph	To The Vote 45 day & Smail.com Tonone Number Email Address City State ZIP Code
Candidate's Florida Voter Registration Number (located on your voter information card): 109 375537	
*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):	
STATE OF FLORIDA COUNTY OF	
Type of Identification Produced: FL. Driver Lice use	BARBARA HERRERA Notary Public - State of Florida My Comm. Expires May 17, 2018 Commission # FF 106333

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2016 JUN 17 PM 2: 14

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

