

CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE

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2016 JUN 21 PM 1:11

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, GUS MACHADO

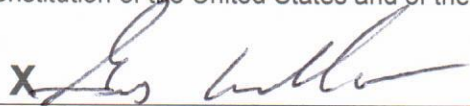
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of MIAMI DADE COUNTY SCHOOL BOARD MEMBER, 6,
(office) (district #)

 , ; I am a qualified elector of MIAMI DADE County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida 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.

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 school board 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

(786) 525-9292

Telephone Number

EMAILGUS@YAHOO.COM

Email Address

2451 BRICKELL AVENUE #4 MIAMI

Address

City

FLORIDA

State

33129

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109317681

* 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):

GUS MACHADO

STATE OF FLORIDA

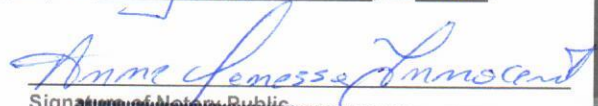
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 21st day of June, 20 16.

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced: Driver License


Signature of Notary Public
Print Name of Notary Public
Commissioned Name of Notary Public
ANNE VANESSA INNOCENT
Notary Public - State of Florida
My Comm. Expires Jun 2, 2018
Commission # FF 116919