

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

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2018 JUN 11 PM 5:57

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Robert William Fox

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Board Supervisor and Officer (Caribe Palm Community Development District), _____, _____,
(Office) (District #)

_____ #5 _____ ; I am a qualified elector of 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 108924965

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*

X [Signature] (780) 395-3538 rfogroup@bellsouth.net
Signature of Candidate Telephone Number Email Address

Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami Dade

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

Sworn to (or affirmed) and subscribed before me this 4
day of July, 2018.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



JULIENNE GUTIERREZ
MY COMMISSION # FF 153366
EXPIRES: August 21, 2018
Bonded Thru Budget Notary Services



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7722302

RECEIVED FROM Robert W. Fox

DATE 06 / 11 / 18
MONTH DAY YEAR

ADDRESS 10511 SW44 Terrace
Miami CITY FL STATE 33165 ZIP

CASH \$ _____
CHECKS \$ 25 . 00
TOTAL \$ 25.00

AMOUNT OF: Twenty Five DOLLARS, AND zero CENTS

FOR PAYMENT OF: Qualifying Fee Caribe Palm CDD Seat 5

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: elections By: Will Castro

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

ROBERT W. FOX
JOANN FOX
 10511 S.W. 44TH TERR. 305-226-5045
 MIAMI, FL 33165

3979
 Date June 9, 2018

Pay to the Order of Miami Dade County \$ 25.00
Twenty Five dollars $\frac{00}{100}$ Dollars

SOUTH FLORIDA EDUCATIONAL FCU
 7800 S.W. 117TH AVENUE
 MIAMI, FLORIDA 33183
 for Caribe Palm CDD Seat #

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