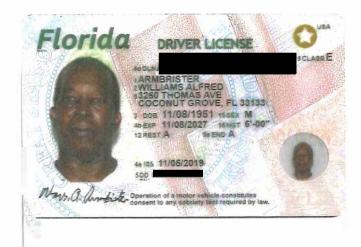
MIAMI-DADE COUNTY	OFFICE USE ONLY	
CANDIDATE OATH –	Proof of residency provided:	
NONPARTISAN OFFICE	Proof of residency provided.	
(Do not use this form if a Judicial or School Board Candidate)	☑ Driver's License	Utility Bill
Check box <i>only</i> if you are seeking to qualify as a write-in candidate:	<b> ✓ Voter Information Card</b>	Homestead Exemption Receipt
	☐ Property Tax Receipt	☐ Lease Agreement
☐ Write-in candidate		*
	DATE OATH	2020 ELE
1, Williams Alfasal Apmbrister CR. (Section 99.021, Florida Statutes)		CAME AND
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but his no lighen, 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 MINI- DACE COUNTY //AYOR SE (Office) (Office) (Office)		
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.		
Candidate's Florida Voter Registration Number (located on your voter information card): 109046208		
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.]		
Will-E- Yums Al- FREd ARM- bR.	15-TFR	
X Wms. A. Combrisher St. (305) 205-6440 prother RARM 1200 4 Afron Com Signature of Candidate Telephone Number Email Address		
	Mone wuniber	216 8
3260 Thomas AVEHUE Miami, Address City	7 10RIUA	33/33-5846
Address City	State	ZIP Code
STATE OF FLORIDA		EL MELGAREJO blic-State of Florida
COUNTY OF Miami, Dade	Commiss My Com	sion # GG 349404 nnission Expires ng 27, 2023
Sworn to (or affirmed) and subscribed before me by physical or		
online presence this day of May	_, 20 20.	
Personally Known:or	onally Known:or Signature of Notary Public	
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public		
Type of Identification Produced:		

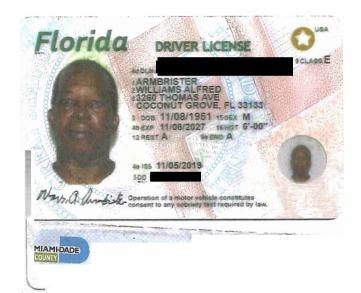
## RECEIVED

2020 MAY 26 AM 9: 09

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT







Williams Alfred Armbrister SR

**Bring photo identification** 

when voting.

Para votar, presente una

identificación con fotografía.

Tanori pote yon pyès idantifikasyon ki gen foto w son li lè wap vin vote.

3260 Thomas Ave

Miami FL 33133

. Voter Information Card Miami-Dade County, FL Tarjeta de Información del Elector

Condado de Miami-Dade, FL

Kat Enfòmasyon Votè Konte Miami-Dade, FL

> ISSUED EMITIDA ENPRIME

11/20/15

Registration No. Núm. de Inscripción Nim. Enskripsyon

109046208