

**MIAMI-DADE COUNTY  
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

(Although a Write-in candidate's name is not printed on the ballot, the name must be printed below for oath purposes.)

**OFFICE USE ONLY**

Proof of residency provided:

☐ Driver's License

☐ Utility Bill

☒ Voter Information Card

☐ Homestead Exemption Receipt

☐ Property Tax Receipt

☐ Lease Agreement

**Candidate Oath**

Name to appear on ballot: Kionne McGhee

(Print name above as you wish it to appear on the ballot - Name cannot be changed after qualifying)

• Check box if two last names without hyphen ☐

• Check box if name includes nickname ☐

(For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of Miam-Dade County Commissioner

(Office)

District 9

(District/Area/Subarea #)

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.

**Statement of Outstanding Fines, Fees, or Penalties**

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do \_\_\_\_\_ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X

Signature of Candidate

Telephone Number

Kionnemcghee117@gmail.com

Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

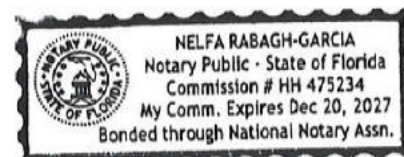
Sworn to (or affirmed) and subscribed before me by physical ☒ or

online ☐ presence this 29 day of May, 2024.

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

Produced Identification: ✓

Type of Identification Produced: FL DL



Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

### Phonetic Spelling of Name

**Phonetic spelling for the audio ballot** (not required for qualifying purposes): Print the 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 3 of this form):

Key-On-Knee ME-GEE

### Statement of Outstanding Fines, Fees or Penalties

**Pursuant to Section 99.021(1)(d), F.S.**, each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

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### Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is \_\_\_\_\_. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is \_\_\_\_\_. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☐

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_





Elections  
2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-8683 F 305-499-8501  
TTY: 305-499-8480

miamidade.gov

Miami-Dade County, FL / Condado de Miami-Dade, FL / Konte Miami-Dade, FL

**Christina White**

Supervisor of Elections / Supervisor de Elecciones / Sipèvizè Eleksyon

**Voter Registration Receipt**  
**Comprobante de Inscripción del Elector**  
**Resi Enskripsyon Votè**

Date / Fecha / Dat	05/29/2024
Time / Hora / Lè	10:40 AM
Regn Number / Número de Registración / Nimewo Enskripsyon	109609186
Voter Name / Nombre de Votante / Non Votè	Mc Ghee, Kionne L
Residence / Residencia / Domisil	[REDACTED]
Mailing Address / Dirección postal / Adrès Postal	** Protected ** Miami FL 33170
Voter Status / Estado del elector / Estati Votè	1(A) Active Voter
Birth Date / Fecha de Nacimiento / Dat Nesans	[REDACTED]
Birth Place / Lugar del Nacimiento / Lye Nesans	USA
Sex / Sexo / Sèks	M
Race / Raza / Ras	3
Party / Partido / Pati Politik	DEM
Precinct / Precinto / Biwo Vòt	903.0 Naranja Park Recreation Center 14150 SW 264 St (SB W/PCT 944)
Registration Date / Fecha de Inscripción / Dat Enskripsyon	Jun/11/1996
Assistance Required / Requiere asistencia / Bezwen Asistans	N

*Witness my hand and official seal at Miami-Dade County, FL,  
Firmo de mi puño y letra y estampo el sello oficial del Condado de Miami-Dade County, FL,  
Temwen siyati mwen ak so ofisyèl nan Konte Miami-Dade County, FL,  
on May/29/2024 / este día May/29/2024 / jou May/29/2024*

**Christina White**  
Supervisor of Elections  
Miami-Dade County, FL

By: \_\_\_\_\_

MIAMI-DADE  
ELECTIONS

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**Michelle Anchors**  
*Vice Chair*  
**William P. Cervone**  
**Tina Descovich**  
**Freddie Figgers**  
**Luis M. Fusté**  
**Wengay M. Newton, Sr.**  
**Jim Waldman**



**State of Florida**  
**COMMISSION ON ETHICS**  
**P.O. Drawer 15709**  
**Tallahassee, Florida 32317-5709**

**Kerrie J. Stillman**  
*Executive Director*

**Steven J. Zuilkowski**  
*Deputy Executive Director/  
General Counsel*

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**www.ethics.state.fl.us**

**325 John Knox Road**  
**Building E, Suite 200**  
**Tallahassee, Florida 32303**

**"A Public Office is a Public Trust"**

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**VERIFICATION AND RECEIPT OF SUBMISSION  
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Hon Kionne L McGhee  
Filer PID #: 88782

Date Filed: 5/28/2024  
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests  
Filing ID: 957298

Receipt Print Date: 5/28/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

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