

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

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, SUSAN KHOURY

(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 Miami-Dade County Commissioner 10,
(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 perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

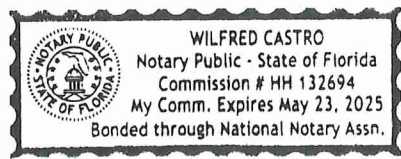
Candidate's Florida Voter Registration Number (located on your voter information card): 116609540

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.]

Susan Cory

X Ausa Khoury (305) 469-5647 skhourny207@gmail.com
 Signature of Candidate Telephone Number Email Address
8227 SW 82 Place Miami, FL 33143
 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 8 day of June, 2022.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FL DL

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

Florida

DRIVER LICENSE

USA

CLASS E



4a DOB [REDACTED]
 1 KHOURY
 2 SUSAN ANN
 3 8227 SW 82 PL
 4 MIAMI, FL 33143-6684
 5 DOR 01/15/1959 15 SEX F
 6 EXP 01/15/2023 16 HGT 5'-05"
 7 REST NONE 8a END NONE

SAFE DRIVER
 4a ISS 12/01/2014
 5DD [REDACTED]

Susan Khoury

REPLACED 10/06/2020
 Operation of a motor vehicle constitutes
 consent to any sobriety test required by law.

RECEIVED

2022 JUN -8 PM 2:34

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT