

**Receipt of Handbook and the
Election Laws of the State of Florida**



Candidate/Chairperson:

Lois Hellman Rubin
 First Name Middle Name Last Name

Seat #1 Cutler Cay CDD BOARD SUPERVISOR
 Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook			<input type="checkbox"/>	
Electioneering Committee Handbook			<input type="checkbox"/>	

Received by: Lois H. Rubin
 Candidate/Chairperson Signature

Date: 6-7-10

Phone No.: 305 251 6038 Fax No.: N/A

E-mail address: LOISHRUBIN@AOL.COM

RECEIVED
 2010 JUN --8 AM 10:49
 MIAMI-DADE
 ELECTIONS

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF Miami Dade

OFFICE USE ONLY
RECEIVED

2010 JUN -8 AM 10:49

MIAMI DADE
ELECTIONS

I,

<u>Lois</u>	<u>H</u>	<u>Rubin</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

Lois H Rubin
(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 non-partisan office of Seat 1 Board Supervisor, Cutter Bay, CDD (office) (district)

X (circuit), X (group); I am a qualified elector of Cutter Bay CDD Miami-Dade County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

X Lois H. Rubin (305) 251-6038 LOISHRUBIN@AOL.COM
Signature of Candidate Telephone Number Email Address

7823 S.W. 193 St Cutter Bay, FL 33157
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 8th day of June, 2010.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced:
FL DRIVERS Lic

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

NOTARY PUBLIC-STATE OF FLORIDA
Maria Cristina Acosta
Commission # DD730644
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

