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



Candidate/Chairperson:				
Lois Hell	์ m ล n Middle Na	me	Rue Last	Name
Seat#1 Cutter Co			D SUPE	e visor
This is to acknowledge my receipt of the	J	ganization		
This is to acknowledge my receipt of the	ionowing	documents:		
Handbooks Available	CD-Rom	Other		
The Election Laws of the State of Florida				
Miami-Dade County Qualifying Handbook				
Committee Handbook				***************************************
Electioneering Committee Handbook				
Received by:Car		airperson Sigr	nature	
Phone No.: 305 251 6038	Fax	No.:	N/A	ELECTIONS AM ID: 119
-mail address: <u>LO/SHRUB/N</u>	@ AOL.		,	9

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF MIAMI Dade

OFFICE USE ONLY

2010 JUN -8 AM 10: 49

MIAMI DADE ELECTIONS

	<u> </u>	T	
I,	1015	4	Rulain
≖,	First Name	Middle Name/Initial	Last Name
here	eby solemnly swear or affirm that I	will support the Constitution of the	and being [a candidate for public office] do United States and of the State of Florida.
filed	ortant: If elected, a candidate must related with the records of the governing of the services, or other compensation.	etake the loyalty oath as specified in a ficial or employing governmental ago	s. 876.05, Florida Statutes, and that oath shall be ency prior to the approval of payment of salary,
		OATH OF CANDIDATI (Section 99.021, Florida Statutes)	
I,	(PLEASE PRINT NAME AS YOU WISH	RUGIN IT TO APPEAR ON THE BALLOT — NAME MAY NOT	BE CHANGED AFTER THE END OF QUALIFYING) CUHER (2)
am	a candidate for the non-partisan of		
	$\frac{\chi}{\text{(circuit)}}$, $\frac{\chi}{\text{(group)}}$; I am a q	ualified elector of <u>Cutler</u> (4 CDD Mismi-Dade County, Florida;
elec qua offic	cted; by executing this form, I ha lified for no other public office in t	ave taken the oath required by the state, the term of which office	e office to which I desire to be nominated or ss. 876.05-876.10, Florida Statutes; I have or any part thereof runs concurrent with the quired to resign pursuant to Section 99.012,
	Signature of Candidate	CM (305) 2516038 Telephone Number	LOISHRUBIN @ADL.COM
Á	1823 S.W. 193 St (State SIP Code
Swo	orn to (or affirmed) and subscribe	ed before me this $\frac{\partial^{-1} \lambda}{\partial x^2}$ day of	of June , 20 10.
Perso	onally Known: or	Signature of Notary B	ublic - State of Florida
Produ	uced Identification:	-	Commissioned Name of Notary Public
Гуре	of Identification Produced:	NOTARY PU	BLIC-STATE OF FLORIDA aria Cristina Acosta ommission #DD730644
FI	DANIAS Lic	E.	tpires: FEB. 27, 2012 JATLANTIC BONDING CO., INC.

OFFICIAL RECEIPT

No.5872193

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