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



Candidate/Chairperson:				
Abelordo	<i>T.</i>		FERNA	WNEZ
First Name	Middle Na		Last	Name
BOARD SUPERVISOR - VENETIA	N ISLES COMI	MUNITY DEVELOP	MENT DISTRICT	·
Office S	Sought / Or	ganization		
This is to columnwood as my receipt of the	following	ı documente:		
This is to acknowledge my receipt of the	Hollowing	documents.		
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Handbooks Available	Edition	from Internet	CD-Rom	Other
The Election Laws of the State of Florida		×		F 8
Miami-Dade County Qualifying Handbook	And And Co.	×		
Committee Handbook		X		
Electioneering Committee Handbook		Þ		
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Phone No.: <u>30/- 228-7083</u>	Fax	No.: 30-	222- <u>V</u>	970
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OFFICE USE ONLY LOYALTY OATH (Sections 876.05-876.10, Florida Statutes) NON-PARTISAN OFFICE STATE OF FLORIDA MIAMI-DADE COUNTY OF Middle Name/Initial 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) NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING) **BOARD SUPERVISOR - SEAT #4** am a candidate for the non-partisan office of (office) (district) Venetian Isles CDD Miami-Dade County, Florida; ; I am a qualified elector of (circuit) (group) 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 301228-7083 Abelardo Signature of Candidate Sworn to (or affirmed) and subscribed before me this 25 that of

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COUNTY	ja.		

OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

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