

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE**STATE OF FLORIDA****COUNTY OF** Miami-Dade**OFFICE USE ONLY**

RECEIVED

10 JUN 14 AM 10:24

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I,

Miguel

-

Sanfiel

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,

Miguel Sanfiel

(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 4 Kendall Breeze CDD, Supervisor, KBCCD,
(office) (district)

 , ; I am a qualified elector of Kendall Breeze CDD, Miami Dade County, Florida;
(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.

X Miguel Sanfiel
Signature of Candidate

(305) 970-8772

mmscorprios@msn.com

Telephone Number

Email Address

12399 SW 123rd Path

Miami

FL

33186

Address

City

State

ZIP Code

Sworn to (or affirmed) and subscribed before me this 14 day of JUNE, 2010.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____

Maria I. Sanfiel
Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



MARIA I. SANFIEL
MY COMMISSION # DD 874436
EXPIRES: May 22, 2013
Bonded Thru Budget Notary Services

RECEIVED

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

10 JUN 14 AM 10:24

Candidate/Chairperson
ELECTIONS DEPARTMENT

Miguel

-

Sanfiel

First Name

Middle Name

Last Name

Seat 4 Kendall Breeze CDD Supervisor, Mami-Dade County

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"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by: _____

Candidate/Chairperson Signature

Date: June 14th, 2010

Phone No.: (305) 970-8772

Fax No.: (305) 233-0102

E-mail address: mmscorprios@msn.com

