

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



MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

Candidate/Chairperson:

O del G. Torres  
First Name Middle Name Last Name

BOARD SUPERVISOR - CARIBE PALM COMMUNITY DEVELOPMENT DISTRICT Seat # 1  
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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Received by: [Signature]  
Candidate/Chairperson Signature

Date: 6/1

Phone No.: 305-772-6126 Fax No.: \_\_\_\_\_

E-mail address: odeltorres@ADL.com

**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 15 PM 3: 15

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, 

<u>Odel</u> First Name	<u>G.</u> Middle Name/Initial	<u>TORRES</u> Last Name
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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, Odel G. TORRES  
(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 BOARD SUPERVISOR SEAT #1, \_\_\_\_\_, \_\_\_\_\_  
(office) (district)  
\_\_\_\_\_ ; I am a qualified elector of Caribe Palm 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 Odel 305 - 772-6126 OdelTORRES@ADL.COM  
Signature of Candidate Telephone Number Email Address  
22920 SW 113 Path Miami, FL 33170  
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 15<sup>th</sup> day of JUNE, 2010.

Personally Known: \_\_\_\_\_ or

Produced Identification: FDL

Type of Identification Produced:

1620647563110

Melanie Calet  
Signature of Notary Public - State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public



