

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



Candidate/Chairperson:

Ivette

First Name

Maria

Middle Name

Bermudez

Last Name

Seat #1 - Spicewood C.D.D.

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 type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

RECEIVED
 10 JUN 16 AM 11:48
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

Received by: *Julie Bermudez*
 Candidate/Chairperson Signature

Date: *6-16-10*

Phone No.: *305-258-9185* Fax No.: *305-258-3838*

E-mail address: *ivettebermudez@bellsouth.net*

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 16 AM 11:48

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I,	<u>Ivette</u>	<u>Maria</u>	<u>Bermudez</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, Ivette Bermudez
(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 Spicewood CDD, Seat # 1, _____
(office) (district)

_____ ; I am a qualified elector of 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.

<u>X</u> <u>Ivette Bermudez</u>	<u>(305) 258-9185</u>	<u>ivettebermudez@bellsouth.net</u>
Signature of Candidate	Telephone Number	Email Address

<u>23654 SW 107 Court, MIAMI, FL 33032</u>
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 16th day of June, 2010.

Personally Known: _____ or _____
 Signature of Notary Public - State of Florida

Produced Identification: ✓
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:
FL DRIVERS Lic

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



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6478864

RECEIVED FROM Ivette Maria Bermudez

DATE 6 / 16 / 10
MONTH DAY YEAR

ADDRESS 236.54 SW 107 Court
STREET ADDRESS
Miami CITY FL STATE 33032 ZIP

CASH \$ _____

CHECKS 25 \$
Money Order

AMOUNT OF: Twenty Five DOLLARS, AND 00 CENTS

TOTAL \$ 25

FOR PAYMENT OF: Qualifying Fee - Spicewood CDD Seat # 1

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

By: A. Vincent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK PRINTED ON THE BACK, THE FRONT OF THE DOCUMENT

581220 (100/pkg Rev. 02)

0009612

Pay To The Order Of Board of County Commissioners

Dollars (Face Value Valid One Year From Issue, Three Years in CA - Money Order Subject to Return and Service Charge Thereafter)

*TWENTY FIVE DOLLARS AND 00 CENTS

103431 / M 2675624

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DRIVER: MONEYGRAM PAYMENT SYSTEMS, INC. P.O. BOX 9476, MINNEAPOLIS, MN 55480

DRAWEE: THE BANK OF NEW YORK MELLON EVERETT, MA

PERSONAL MONEY ORDER

28392924

5-709 110

Date 06/16/2010

Purchaser, Signer For Drawer IIVETTE BERMUDEZ

Address Board of County Commissioners
2700 NW 87 Avenue

For Qualifying fee - Spicewood CDD Seat # 1

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

Not Good For More Than \$1,000.00

*****25.00

⑈ 28392924 ⑈ ⑆ 011007092⑆ 0170711994383 ⑈