

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



Candidate/Chairperson:

Humberto	N	Escandon
First Name	Middle Name	Last Name

Tree Islands Estates Seat #1

Office Sought / Organization

This is to acknowledge my receipt of the following documents:

RECEIVED
 10 JUN 16 PM 12:29
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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 16, 2010

Phone No.: 305-469-9788 or 305-494-9475

Fax No.: _____

E-mail address: bertxxx@yahoo.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 16 PM 12:29

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I,

Humberto

N

Escandon

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,

Humberto Escandon

(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 Tree Island Estate 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.

X 

(305) 469-9788

bertxxc@yahoo.com

Signature of Candidate

Telephone Number

Email Address

15220 SW 25 Terrace

Miami

FL

33185

Address

City

State

ZIP Code


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

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced:

FL Drivers Lic.


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

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. 6478866

RECEIVED FROM Number 10 N. Escandon

DATE 6 / 16 / 10
MONTH DAY YEAR

ADDRESS 15220 SW 25 TR
STREET ADDRESS
Miami FL 33185
CITY STATE ZIP

CASH \$ _____
CHECKS \$ 25.00

AMOUNT OF: Twenty-five DOLLARS, AND NO CENTS TOTAL \$ 25.00

FOR PAYMENT OF: Qualifying Fee - Tree Islands Estates Sect #1

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: Electrons BY: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04



Personal Money Order

No. 10526736

VOID AFTER 90 DAYS

Date JUNE 16, 2010

GALLOWAY RD

30-1/1140
NEX

Pay To The Order Of BOARD OF COUNTY COMMISSIONERS

\$ ****25.00****

****TWENTY FIVE DOLLARS AND 00 CENTS****

Not Valid Over \$1000

[Signature]
Signature Of Purchaser (Drawer)

Bank of America is not liable for lost or stolen Money Orders. For your protection against loss or theft, sign and complete this Money Order as soon as possible.

Name Of Purchaser (Drawer)
15220 SW 25 TR MIAMI FL 33185
Address City, State, Zip

Bank of America, N.A.
San Antonio, Texas

0109360 00013 000526736

⑈ 10526736 ⑈ ⑆ 114000019 ⑆ 001641002088 ⑈