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



Candidate/Chairperson:							
Mai Kel		Lopez					
	Middle Name		Las	ast Name			
South Dade Venture Community Development District, Board member second Office Sought / Organization  This is to acknowledge my receipt of the following documents:							
This is to downswind go my receipt of the	TOHOWING	aocuments.					
Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other			
The Election Laws of the State of Florida		×					
Miami-Dade County Qualifying Handbook	THE RESIDENCE AND ADDRESS OF THE PARTY AND ADDRESS OF THE ADDRESS	×		m			
Committee Handbook		×					
Electioneering Committee Handbook				5 5 1			
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Date: 6-8-10							
Phone No.: 3056090215 Fax No.:							
E-mail address: Cspi@email.com	ກ						

## **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: 56

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

I, Mai Kel			Lope	2				
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.								
<b>Important:</b> 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, Maikel Lop								
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)  Board member, South Oade Venture  am a candidate for the non-partisan office of community Development District Seat#3  (office)  (district)								
(circuit) (group)	I am a qualified	elector of Me	rmi Dade	County, Flori	ida;			
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.  (305) 609 02 15  CSPI Cemail Com  Figurature of Candidate  Telephone Number								
Signature of Cand	idate	Telephone Number	1 1	Email Address				
2113 NE 38H R Address	2D Home City	stead,	FL State	33033 ZIP Code				
Sworn to (or affirmed) and subscribed before me this $16^{76}$ day of $30^{10}$ , $30^{10}$ .								
Sworn to (or affirmed) and so	ubscribed befo	re me this/ 6	day of JUNE	, 20 <u>10</u> .				
Sworn to (or affirmed) and so	ubscribed befc		i la hold	John -				
	ubscribed befo	Signature of N	day of JUNE  otary Public – State of Fle  Stamp Commissioned Name	eozh				
Personally Known: or	/.	Signature of N	otary Public - State of Flo	orida ne of Notary Public OF FLORIDA na Acosta #DD730644 EB 27 2012				



## OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

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No. 6478865

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FOR OFFICE USE ONLY

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