

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



Candidate/Chairperson:

Mai Kel

Lopez

First Name

Middle Name

Last Name

South Dade Venture Community Development District, Board member seat 3
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"/>	RECEIVED 10 JUN 16 AM 11:56 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
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: 

Candidate/Chairperson Signature

Date: 6-8-10

Phone No.: 3056090215

Fax No.: _____

E-mail address: cspi@email.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 AM 11:56

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I,

Maikel Lopez

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, Maikel Lopez

(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 member, South Dade venture community Development District seat #3,
(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 Maikel (305) 609 0215 cspi@email.com
Signature of Candidate Telephone Number Email Address

2113 NE 38th RD Homestead, FL 33033
Address City State ZIP Code

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

Personally Known: _____ or

Maria Cristina Acosta
Signature of Notary Public – State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: _____

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.

