

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



Candidate/Chairperson:

Maycol	Jose	Enriquez
First Name	Middle Name	Last Name

South Dade Venture CDD Seat # 2
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: _____
Candidate/Chairperson Signature

Date: 06/15/10

Phone No.: 1(305) 766-1491

Fax No.: N/A

E-mail address: maycol11me@aol.com

RECEIVED
 MIAMI-DADE
 ELECTIONS
 2010 JUN 17 AM 10:47

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF Dade

OFFICE USE ONLY

RECEIVED

2010 JUN 17 AM 10:47

MIAMI DADE
ELECTIONS

I,	Maycol	J.	Enriquez
	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, Maycol Enriquez
(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 South Dade Venture CDD Seat # 2,
(office) (district)

Dade County, Florida;
(circuit) (group); I am a qualified elector of

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 [Signature] (305) 766-1491 maycol11me@aol.com
Signature of Candidate Telephone Number Email Address

4105 Northeast 22 Court Homestead Florida 33033
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 15th day of June, 2010.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

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



