

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



Candidate/Chairperson:

Mark R Durocher
First Name Middle Name Last Name

BOARD SUPERVISOR - CARIBE PALM COMMUNITY DEVELOPMENT DISTRICT

seat number 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 type="checkbox"/>	
Electioneering Committee Handbook			<input type="checkbox"/>	

Received by:

Candidate/Chairperson Signature

Date:

6-16-10

Phone No.:

786 573 3676

Fax No.:

N/A

E-mail address:

MDurocher@WynnsPaig.com

MIAMI-DADE
ELECTIONS

2010 JUN 18 AM 8:26

RECEIVED

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF Miami-Dade

OFFICE USE ONLY

RECEIVED

2010 JUN 18 AM 8:26

MIAMI DADE
ELECTIONS

I,

Mark

R.

Durocher

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,

Mark R Durocher

(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 Caribe Palm CDD Seat # 2, _____, _____
(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

Signature of Candidate

(786) 573-3676

Telephone Number

mdurocher@wynnsipaig.com

Email Address

11351 SW 228 Terrace

Address

Miami

City

FL

State

33170

ZIP Code

Sworn to (or affirmed) and subscribed before me this 18th day of June, 20 10.

Personally Known: _____ or

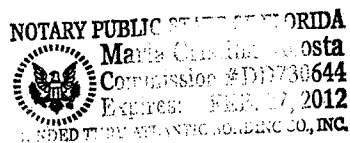
Produced Identification: ✓

Type of Identification Produced:

FL Drivers Lic

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



COLONIAL CLASSICS®