



City of West Miami
901 S.W. 62nd Avenue
West Miami, FL 33144

2024 Municipal Elections
April 9th, 2024
City of West Miami
Office of the City Clerk

QUALIFYING PACKET SUBMITTAL / CHECK LIST

Pursuant to the City Charter, a candidate may qualify for the municipal election in the Office of the City Clerk, City of West Miami, 901 S.W. 62nd Avenue, West Miami; FL. Filing will commence at 12:00 Noon on Monday February 19th, 2024 and ends at 12:00 noon on Friday, February 23rd, 2024.

All candidates must file their qualifying papers with the City Clerk during this time period. A candidate may not qualify prior to 12:00 noon on February 19th, 2024 or after 12:00 noon on February 23rd, 2024.

Name of Candidate: _____

The following forms must be completely filled and submitted at time of Qualifying:

- 1. **Appointment of Campaign Treasurer and Designation of Campaign Depository** (Form DS-DE 9) at time of announcing.
- 2. **Statement of Candidate** (Form DS-DE 84) must be filed within ten (10) days of filing the DS-DE 9 Form (Appointment of Campaign Treasurer and Designation of Campaign Depository)
- 3. **Candidate Oath** (Form DS-DE 302NP)
- 4. **Declaration and First Amendment Waiver - Voluntary Statement of Fair Campaign Practices** (Miami-Dade Ethics Commission form)
- 5. **Declaration for Candidates Not Automatically Covered by the Mandatory Provisions of the Miami-Dade Ethical Campaign Practices Ordinance Miami-Dade County Code at 2-11.1.1(C) (1)** (Miami-Dade Ethics Commission form)
- 6. Copy of electronically filed **FORM 6 Statement of Financial Interests**

Effective January 1, 2024, anyone wishing to file a 2023 Form 6 or a 2023 Form 1 for qualifying purposes MUST be registered in the system to access the disclosure form. A valid email is required to register.

Within the system, filers and candidates will find helpful pop ups, FAQs, and tutorials. Those individuals wishing to have their CPA or Attorney assist them with completing the disclosure will be able to share their disclosure with their CPA/Attorney electronically, through the system.

Visit www.ethics.state.fl.us for e-filing and qualifying tips or contact The State of Florida Commission on Ethics at 850-488-7864.

CANDIDATES ARE URGED TO ALLOW AMPLE TIME TO REGISTER, CREATE A PROFILE, USERNAME/PASSWORD, AND COMPLETE THE DISCLOSURE. Waiting until the last day of qualifying may not provide sufficient time to access the system, accurately complete the disclosure, print and file it with the Qualifying Officer.

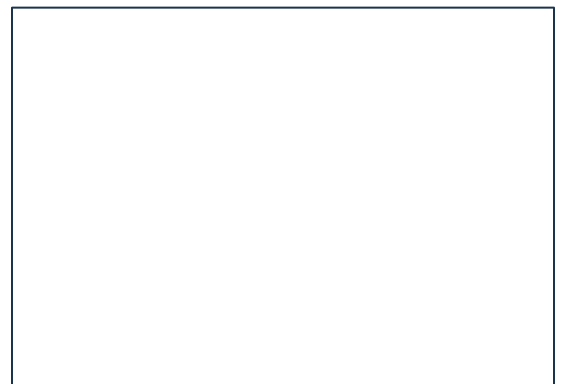
- 7. **Notice of Candidacy** (City of West Miami form)
- 8. **Oath of Candidate** (City of West Miami form)
- 9. **Voter Registration**
- 10. **Proof of Residency and Photo ID**
Any elector of the City of West Miami who has been a resident for two (2) years immediately prior to the first qualification date shall be eligible to hold the office of City Council member, as long as he remains a resident. (City Charter Section 3.02)
All Candidates must produce a valid photo ID at the time of qualifying (Ex: Valid FL Driver's License) and a bill as a proof of residency (Ex. Water Bill, FPL Bill, Property Tax Bill)
- 11. **Qualifying Fee:** \$ 50.00 – Paid with campaign check, made payable to the City of West Miami.
- 12. **State Assessment Fee:** 1% of annual salary of office sought (\$12.00) to be paid at qualifying, with campaign check payable to City of West Miami (FL Statutes 99.093).

Signature of Candidate: _____

Date: _____

For Official Use Only

Received by the Office of the City Clerk



**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

3. Address (include PO Box or Street, City, State, Zip Code):

4. Telephone:

()

5. Candidate's Voter Registration #:

_____ (not required for qualifying purposes)

6. Email Address:

7. Office Sought (include district, circuit, group, or seat #):

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

12. Telephone:

()

13. Email Address:

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

20. Address:

21. City:

22. County:

23. State:

24. Zip Code:

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

26. Signature of Candidate:

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, _____ do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

29. Signature of Campaign Treasurer or Deputy Treasurer

X

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

I, _____ ,
candidate for the office of _____ ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

Signature of Candidate

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

CANDIDATE OATH

NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: _____

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of _____, _____, _____,
(Office) (District #)

_____, _____; I am a qualified elector of _____ County, Florida.
(Circuit #) (Group or Seat #)

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not _____

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X _____ ()
Signature of Candidate Telephone Number Email Address

Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

| Amount | Entity |
|---------------|---------------|
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Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means

of online notarization OR physical presence

this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

DO NOT SUBMIT THIS PAGE TO THE FILING OFFICER

Guide for Designating Phonetic Spelling of Candidate's Name for Audio Ballot

1. Use the tables below.
2. Use upper case for "stressed" syllables. Use lowercase for "unstressed" syllables.
3. Use dashes (-) to separate syllables.
4. Add any notes such as rhyming examples, silent letters, etc.

| Vowels | | | |
|-----------------------|------------------------------|------------------------------------|----------------------------------|
| Stressed Vowel Sounds | | Unstressed Vowel Sounds | |
| EE | (FEET) feet | uh | (SO-fuh) sofa (FING-guhr) finger |
| I | (FIT) fit | | |
| E | (BED) bed | | |
| A | (KAT) cat (KAD) cad | | |
| AH | (FAH-thur) father (PAHR) par | | |
| AH | (HAHT) hot (TAH-dee) toddy | | |
| UH | (FUHJ) fudge (FLUHD) flood | | |
| UH | (CHUHRCH) church | | |
| AW | (FAWN) fawn | Certain Vowel Sounds with R | |
| U | (FUL) full | AHR | (PAHR) par |
| OO | (FOOD) food | ER | (PER) pair |
| OU | (FOUND) found | IR | (PIR) peer |
| O | (FO) foe | OR | (POR) pour |
| EI | (FEIT) fight | OOR | (POOR) poor |
| AI | (FAIT) fate | UHR | (PUHR) purr |
| OI | (FOIL) foil | | |
| YOO | (FYOOR-ee-uhs) furious | | |

| Consonants | | | |
|------------|-------------------|----|---|
| B | (BED) bed | R | (RED) red |
| D | (DET) debt | S | (SET) set |
| F | (FED) fed | T | (TEN) ten |
| G | (GET) get | V | (VET) vet |
| H | (HED) head | Y | (YET) yet |
| HW | (WHICH) which | W | (WICH) witch |
| J | (JUHG) jug | CH | (CHUCRCH) church |
| K | (KAD) cad | SH | (SHEEP) sheep |
| L | (LAIM) lame | TS | (ITS) its (PITS-feeld) Pittsfield |
| M | (MAT) mat | TH | (THEI) thigh |
| N | (NET) net | TH | (THEI) thy |
| NG | (SING-uhr) singer | ZH | (A-zuhr) azure (VI-zuhhn) vision |
| P | (PET) pet | Z | (GOODZ) goods (HUH-buhz-tuhn) Hubbardston |

| Examples of Phonetically Spelled Names | |
|--|--------------------------|
| NAME ON BALLOT | PRONOUNCED AS |
| Mishaud | mee-SHO ('d' is silent) |
| Jahn | HAHN (rhyme: fawn) |
| Beauprez | boo-PRAI (rhyme: hooray) |
| Maniscalco | man-uh-SKAL-ko |
| Tangipahoa | TAN-ji-pah-HO-uh |
| Monte | Mahn-TAI |
| Tanya | TAWN-yuh (not TAN) |

DO NOT SUBMIT THIS PAGE TO THE FILING OFFICER

DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE ***VOLUNTARY*** STATEMENT OF FAIR CAMPAIGN PRACTICES

AN EXPLANATION REGARDING YOUR RIGHTS

Section 2-11.1.1(D)(2) of the Code of Miami-Dade County, Florida, provides that any candidate for public office in Miami-Dade County may at any time ***voluntarily*** declare that he or she agrees to abide by the ***voluntary*** Statement of Fair Campaign Practices. In agreeing to abide by the ***voluntary*** Statement of Fair Campaign Practices, the candidate recognizes, as compulsory, the authority of the Miami-Dade County Commission on Ethics and Public Trust to decide whether the candidate has violated the ***voluntary*** Statement of Fair Campaign Practices and, if so, to impose the appropriate penalty, if any.

Before agreeing to abide by the ***voluntary*** Statement of Fair Campaign Practices, you should carefully read the ***voluntary*** Statement of Fair Campaign Practices included with this DECLARATION AND FIRST AMENDMENT WAIVER as well as the following information regarding your rights.

The Statement of Fair Campaign Practices is ***voluntary***. You are under no obligation to agree to the ***voluntary*** Statement of Fair Campaign Practices. If you decide not to agree to the ***voluntary*** Statement of Fair Campaign Practices, you may still run for elective office in Miami-Dade County if you are qualified. There is NO PENALTY if you decide not to sign the ***voluntary*** Statement of Fair Campaign Practices.

If you decide to agree to the ***voluntary*** Statement of Fair Campaign Practices, you should know that you will be WAIVING YOUR FIRST AMENDMENT RIGHTS TO FREE SPEECH because certain speech prohibited by the ***voluntary*** Statement of Campaign Practices is protected by the First Amendment to the U.S. Constitution and Article I, Section 4, of the Florida Constitution. Prior to agreeing to comply with the ***voluntary*** Statement of Fair Campaign Practices, you should consider consulting an attorney to ensure that you understand the consequences of signing the DECLARATION AND FIRST AMENDMENT WAIVER.

Before signing this DECLARATION AND FIRST AMENDMENT WAIVER, you have the right to request and receive from the Ethics Commission an advisory opinion as to whether your planned campaign activities (e.g., campaign advertisement or statements) are likely to violate the ***voluntary*** Statement of Fair Campaign Practices. In the event that you sign the DECLARATION AND FIRST AMENDMENT WAIVER, you will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that you may be considering.

A determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER shall not be construed by Miami-Dade County or the Ethics Commission to mean that the candidate is unethical in any way. Further, a determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER should not be construed by any candidate or any other person or entity to mean that the candidate is unethical in any way.

INSTRUCTIONS

The DECLARATION AND FIRST AMENDMENT WAIVER, which includes the ***voluntary*** Statement of Fair Campaign Practices, can be found on page 2 of this form. If you are a candidate for county office and agree to abide by the ***voluntary*** Statement of Fair Campaign Practices, please sign the DECLARATION AND FIRST AMENDMENT WAIVER and file with the Miami-Dade Commission on Ethics and the Miami-Dade Elections Department. If you are a candidate for municipal office and agree to abide by the ***voluntary*** Statement of Fair Campaign Practices, please sign and file with the Miami-Dade Commission on Ethics and your respective municipal clerk. For further information, contact the Miami-Dade Office of Governmental Affairs at 305 499-8410.

Miami-Dade Commission on Ethics
19 W. Flagler St., Suite 820
Miami, FL 33130

Miami-Dade Elections Department
2700 NW 87th Ave. *or* P.O. Box 521550
Doral, FL 33172 Miami, FL 33152-1550

DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, _____, a candidate for the office of

please print your name

in _____,

elective office sought

county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

✕

Signature

Date

DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED

by the **Mandatory Provisions** of the
Miami-Dade Ethical Campaign Practices Ordinance
Miami-Dade County Code at 2-11.1.1(C) (1)

The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (b) With actual malice publish, or cause to be published, by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged, by any means, any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; *or*
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, _____, a candidate for the office of
please print your name

_____ in _____,
elective office sought county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x

Signature

Date

At the time of Qualifying, you must submit the following:

- Copy of electronically filed [FORM 6](#) Statement of Financial Interests

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NOTICE OF CANDIDACY
(PURSUANT TO CITY CHARTER SECTION 3.02)

I, _____, currently reside in the City of West Miami.

At all times during the prior two (2) years, I have resided in the City. I am a registered voter in the City of West Miami.

My residence address is _____, West Miami, Florida.

I hereby announce my candidacy for the office of _____, to be voted for at the election to be held on April 9th, 2024, and I hereby agree to obey all the laws relating to my candidacy and to serve if elected.

Signature of Candidate

Sworn to and subscribed before me this _____ day of _____, _____,
at Miami-Dade County, Florida.

City Clerk



OATH OF CANDIDATE

2024 MUNICIPAL ELECTIONS
APRIL 9TH, 2024
CITY OF WEST MIAMI OFFICE
OF THE CITY CLERK

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

BEFORE ME, an officer authorized to administer oaths personally appeared*,

_____, to me well known, who, being first duly sworn, deposes and says:

I am a candidate for election in the City of West Miami, Florida, to the Office of

_____ ; that I am qualified elector of Miami-Dade County, Florida; that I am qualified under the Constitution and the laws of the State of Florida to hold the office to which I desire to be elected; that I have taken the oath as required by State Statute 876.05-876.10; that I have qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the municipal office which I now seek; and that I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

Signature of Candidate

Address West Miami, FL Zip

SWORN AND SUBSCRIBED before me this _____ day of _____, 2024

Notary Public State of Florida, at large

- ▲ Personally known to me _____
- ▲ Produced the following identification _____

*Print name as it is to appear on ballot. No titles will be printed, i.e. Mr., Mrs., Ms., Dr., Etc. Nicknames may be used and indicated with " " or (). [FSS 99.021]