



**TO BE COMPLETED BY**  
**CANDIDATE DURING THE CANDIDATE QUALIFYING MEETING**  
**SCHEDULED FOR TUESDAY, AUGUST 7, 2018, 2:00 P.M. LOCATED AT THE**  
**CULMER CENTER AT 1600 N.W. 3<sup>RD</sup> AVENUE**

I \_\_\_\_\_, being first duly sworn, depose and state:

1. I am proffering myself as a candidate for the election of members of the Overtown Advisory Board/Overtown Community Oversight Board to be held on **Tuesday, August 21, 2018**.
2. I qualify for said position as an Overtown resident\_\_\_\_, an Overtown property owner\_\_\_\_, an employee or board member of an Overtown community-based organization\_\_\_\_, or operator/employee of an Overtown business\_\_\_\_.
3. City Code Sec. 2-884(e) states: *no employee of Miami-Dade County, Florida, or any municipality therein other than City of Miami employees, shall serve on or be appointed to any Board of the City of Miami.* This restriction may be waived by a four-fifths affirmative vote of the City Commission, provided that said employee is a resident of the City of Miami.

Are you an employee of Miami-Dade County or any municipality therein, other than the City of Miami? \_\_\_\_\_

4. City Code Sec. 2-612 states: *no board member shall enter into a contract or transact any business with the City or any person or agency acting for the City, or shall appear in representation of any third party before any board, commission or agency of which such person is a member.* This restriction may be waived by a four-fifths affirmative vote of the City Commission.

Have you entered into a contract or are you currently transacting any business with the City or any person or agency acting for the City? \_\_\_\_\_

5. My cell phone number is \_\_\_\_\_
6. My fax number is \_\_\_\_\_
7. My e-mail address is \_\_\_\_\_
8. My mailing address is \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\*\*\*\*\*  
**STATE OF FLORIDA**  
**COUNTY OF MIAMI-DADE**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016,

by \_\_\_\_\_  
(Name of person acknowledging)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
 Type of Identification Produced \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY:</b>			
RECOMMENDED PERSON'S ADDRESS INSIDE BOUNDARIES?	Y	N	N/A
RECOMMEND PERSON MEETS AGE REQUIREMENTS	Y	N	N/A
RECOMMENDED PERSON'S PROOF OF QUALIFICATION SUBMITTED:	_____		
ACCREDITED INSTITUTION INSIDE BOUNDARIES	Y	N	N/A