



TO BE COMPLETED BY
CANDIDATE DURING THE CANDIDATE QUALIFYING MEETING
SCHEDULED FOR TUESDAY, AUGUST 16, 2016, 2:00 P.M. LOCATED AT THE
CULMER CENTER AT 1600 N.W. 3RD 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 23, 2016**.
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 _____

FOR OFFICIAL USE ONLY:

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