



NOTICE OF CANDIDACY

ELECTION March 11, 2025

Name: _____
AS IT IS TO APPEAR ON BALLOT – PLEASE PRINT

Date: _____

TO CITY CLERK:

The undersigned is qualified to be a member of the City Commission of the City of Miramar, Florida, and states:

1. I am a qualified elector of the State of Florida and the City of Miramar.
2. I am registered with the Broward County Office of Voter's Registration in Precinct No. _____.
3. I shall not, as a member, hold any other elected public office.
4. I have read and executed the Declaration of Residency, and under penalty of perjury, acknowledge and state that I have continuously resided in the City of Miramar for the past 12 months.
5. I have paid a **\$25.00** filing fee to the City Clerk (check made payable to the **City of Miramar**).
6. I have paid a 1% Election Assessment Fee of **\$494.61 (Commissioner)** (check made payable to the **City of Miramar**).
7. I have paid a **\$25.00** fee for fingerprint/background check as required by Ordinance 91-12 of the Code of the City of Miramar (check made payable to the **City of Miramar**). **Items 5-7 shall be paid with one check from candidate's campaign account.**
8. I have read and understand the qualification provisions in the Charter and Ordinances, including those concerning the "CITY COMMISSION" and "ELECTIONS".
9. I have read and will comply with all provisions of Chapter 106, Florida Statutes and the Florida Elections Code.

Candidate for Seat # _____

Signature: _____

Print Name: _____

I do hereby certify that this Notice Form was filed with me on the ____ day of _____, 2025.

City Clerk or Qualifying Officer

**RETURN THIS PAGE TO THE OFFICE OF THE CITY CLERK WITH YOUR QUALIFYING PAPERS,
AND SIGN IT UPON SUBMISSION.**