

**NOTICE OF CANDIDACY QUALIFICATIONS
CITY OF LIGHTHOUSE POINT, FLORIDA**

This form must be filed before noon on Tuesday, January 10, 2017. (Closing date of filing)

NAME AS IT IS TO APPEAR ON BALLOT _____

(Please Print)

TO CITY CLERK:

The undersigned is qualified to be (please check one): _____ Mayor
_____ a member of the City Commission
of the City of Lighthouse Point, Florida, and states:

1. I am a bona fide citizen of the United States of America.
2. I am a qualified elector and resident of the State of Florida and the City of Lighthouse Point for a period of not less than one year immediately preceding this election; and that I am over the age of eighteen (18) years.
3. I am registered with the Broward County Office of Voter's Registration.
4. I shall not, as a member, hold any other elected public office.
5. I have not been finally convicted of a crime involving moral turpitude.
6. I am otherwise qualified to be (please check one): _____ Mayor
_____ a member of the City Commission
and that I have fully satisfied all conditions for such candidacy pursuant to the provisions of the Charter and Ordinances of the City of Lighthouse Point and the Laws of the State of Florida.
7. I have read and understand the qualification provisions in the Charter and Ordinances, including those concerning the (please check one): _____ "MAYOR" and "ELECTIONS".
_____ "CITY COMMISSION" and "ELECTIONS".
8. I have paid a **\$50.00** filing fee to the City Clerk (check made payable to the **City of Lighthouse Point**).
9. For Mayoral Candidate: I have paid a 1% Election Assessment Fee of **\$180.00**
For Commissioner Candidate: I have paid a 1% Election Assessment Fee of **\$18.00**
(check made payable to the **City of Lighthouse Point**).
10. I have read and will comply with all provisions of Chapter 106, Florida Statutes.

Candidate for _____ Date: _____

Signature of Candidate

Printed Name of Candidate

I, do hereby certify that this Notice of Candidacy Form was sworn to and filed with me at _____ o'clock
a.m./ p.m. on the _____ day of _____, 2017.

Signature of Officer Administering Oath

Title of Officer Administering Oath

RETURN THIS PAGE TO THE CITY CLERK WITH YOUR QUALIFYING PAPERS.