MIAMI-DADE
COUNTY

Processed Date: _____
Initials: _____

PRINT AND COMPLETE
ALL INFORMATION

ABSENTEE BALLOT REQUEST
SOLICITUD DE BOLETA PARA ELECTOR AUSENTE

LLENE COMPLETAMENTE
CON LETRA DE MOLDE

_____
Date / Fecha

_____
Date of birth (mandatory) / Fecha de nacimiento (obligatoria)
(mm/dd/yy)   (mes/día/año)

_____
Voter's Name / Nombre del elector

_____
Registration # (optional) / Núm. de inscripción (optativo)

Current Miami-Dade County Residence Address
Dirección de su domicilio actual en Miami-Dade

_____
_____

[ ] Check if this is a change of your residential address.
Marque aquí si es un cambio de la dirección de su domicilio.

_____

NOTICE: The U.S. Post Office will not forward absentee ballots to a different address. Pursuant to State Law, if any first class mail addressed to you is returned as undeliverable to our office, the request for ballots will be cancelled until a new address is provided. It is up to you to keep us informed when you leave during the election season!

AVISO: El Servicio Postal de los Estados Unidos no permite que se remitan boletas para electores ausentes a otra dirección. De acuerdo con la ley estatal, si alguna correspondencia de primera clase dirigida a Ud. es devuelta a nuestra oficina por no poder entregársele, se cancelarán las solicitudes de las boletas hasta tanto nos suministre su nueva dirección. ¡De Ud. dependerá mantenernos informados si se muda durante la temporada electoral!

Address to send ballot if different from residence:
Dirección a donde debe enviarse la boleta,
si es diferente de la de su domicilio:

_____
_____

If you need your ballot to be sent to an address other than your residence, you must explain why:
Si usted necesita que su boleta sea enviada a otra dirección que no sea la de su domicilio, explique por qué:

_____

[ ] **I am requesting absentee ballots for all elections through the end of the calendar year of the second regularly scheduled general election, in which I am eligible to vote.**
Solicito boletas para elector ausente para todas las elecciones hasta el final del año natural de la segunda elección general programada regularmente, en las que sea elegible para votar.

[ ] **I am requesting an absentee ballot for the following election date(s):**
Solicito boletas de ausente para las elecciones que se celebrarán en las fechas siguientes:

_____   _____   _____

Oath: I do solemnly swear (or affirm) that all information on this form is true.
Juramento: Juro solemnemente (o afirmo) que los datos suministrados en este formulario son ciertos.

_____   _____
Daytime telephone # / Núm. de teléfono diurno   Voter's Signature / Firma del elector

❖ **Note:** All absentee ballot requests must be signed by the voter and received by the Elections Department **no later than 5:00 p.m. on the 6th calendar day prior to the election**.

❖ **Aviso:** El elector tiene que firmar toda solicitud de boletas de ausente. El Departamento de Elecciones tiene que recibir dichas solicitudes **a más tardar para las 5 p.m. del 6to día natural anterior a las elecciones.**

Miami-Dade Elections Department / Departamento de Elecciones de Miami-Dade
P.O. Box 521250, Miami, FL 33152-1250 / 305-499-8444
You may track the status of your absentee ballot by visiting our website at http://www.miamidade.gov/elections/regist-status.asp Usted podrá comprobar en línea el estatus de su boleta para elector ausente si visita nuestra página web en http://www.miamidade.gov/elections/regist-status.asp.

VA 06-12

Processed Date: _____
Initials: _____

**PRINT AND COMPLETE
ALL INFORMATION**

ABSENTEE BALLOT REQUEST
DEMANN BILTEN VÒT PA KORESPONDANS LA

**METE TOUT ENFÒMASYON
EPI EKRI AN LÈT MAJISKIL**

_____
Date / Dat

_____
**Date of birth (mandatory) / Dat w fèt (obligatwa)
(mm/dd/yy)   (mwa/jou/ane)**

_____
Voter's Name / Non votè a

_____
Registration # (optional) / Nimewo kat enskripsyon (pa obligatwa)

**Current Miami-Dade County Residence Address
Adrès kay lakay w nan Konte Miami-Dade**

_____
_____
_____

[ ] Check if this is a change of your residential address.
Tcheke la a si sa a se yon nouvo adrès.

NOTICE: The U.S. Post Office will not forward absentee ballots to a different address. Pursuant to State Law, if any first class mail addressed to you is returned as undeliverable to our office, the request for ballots will be cancelled until a new address is provided. It is up to you to keep us informed when you leave during the election season!

AVI: Biwo Lapos Lèzetazini pap re-ekspedye bilten vòt pa korespondans yo nan ankenn adrès ki diferan. Dapre Lalwa Leta, si ankenn lèt premyè klas ki adrese a nou retounen make san livrezon nan biwo nou yo, nou va elimine demann pou bilten vòt pou moun ki pap la yo jiskaske nou soumèt nouvo adrès nou an. Se responsabilite pa nou pou nou kenbe nou enfòme de tout absans nou pandan epòk eleksyon.

Address to send ballot if different from residence:
Adrès pou yo poste bilten an si li diferan de sa lakay w an:
_____
_____

If you need your ballot to be sent to an address other than your residence, you must explain why:
Si w ta renmen yo poste bilten an nan w lòt adrès ki pa kote w rete a, se pou eksplike pou ki rezon:
_____

[ ] I am requesting absentee ballots for all elections through the end of the calendar year of the second regularly scheduled general election, in which I am eligible to vote.
Map mande bilten vòt pa korespondans pou tout eleksyon ke mwen elijib pou vote jiska fen ane kalandriye dezyèm eleksyon jeneral ki regilyèman deja pwograme an.

[ ] I am requesting an absentee ballot for the following election date(s):
Map mande yon bilten vòt pou moun ki pap la pou eleksyon kap fèt le (mete ki dat):

_____   _____   _____

Oath: I do solemnly swear (or affirm) that all information on this form is true.
Sèman: Mwen fè sèman solanel (ou afime) ke tout enfòmasyon ki sou fòm sila a se la verite.
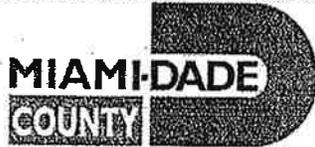
_____
Daytime telephone # / Nimewo telefòn w lajounen

_____
Voter's Signature / Siyati Votè a

❖ **Note:** All absentee ballot requests must be signed by the voter and received by the Elections Department **no later than 5:00 p.m. on the 6th calendar day prior to the election.**

❖ **Note Byen:** Tout demann bilten vòt pa korespondans fèt pou gen siyati votè a sou li epi se pou Depatman Eleksyon an resevwa li **pa pita pase 5è lapremidi nan 6yèm jou anvan eleksyon an.**

**Miami-Dade Elections Department / Depatman Eleksyon Miami-Dade
P.O. Box 521250, Miami, FL 33152-1250 / 305-499-8444**

You may track the status of your absentee ballot by visiting our website at http://www.miamidade.gov/elections/regist-status.asp.
W kapab fè swivi bilten vòt pa korespondans w an lè w ale sou sit entènèt nou an http://www.miamidade.gov/elections/regist-status.asp .

VA 06-12

MIAMI-DADE COUNTY

ELECTIONS DEPARTMENT

APPLICATION TO OBTAIN ABSENTEE BALLOT INFORMATION

Under section 101.62(3), Florida Statutes, absentee ballot information is confidential and exempt pursuant to section 119.07(1), Florida Statutes, with a limited exception. Such information shall only be available, upon request, to the voter requesting the ballot, a canvassing board, an election official, a political party or official thereof, a candidate who has filed qualification papers and is opposed in an upcoming election, and registered political committees or committees of continuous existence, for political purposes only.

To purchase a CD-Rom, list, or labels containing absentee information from the Miami-Dade County Elections Department, you must be an authorized individual or entity. Please mark the applicable authorization that applies to you:

_____Canvassing Board

_____A candidate who has filed qualification papers and is opposed in an upcoming election

_____An election official

_____Political Committee

_____A political party or official thereof

_____Committee of Continuous Existence

Name: _____

Title/Officer: _____

Address: _____
(Street address, city, state, zip code)

Phone Number: _____

By signing below I affirm that I am a person authorized by Section 101.62(3), Florida Statutes, to acquire the absentee ballot information.

X _____ _____
SIGNATURE OF PERSON REQUESTING INFORMATION   DATE

☐ I also designate the following person acting on my behalf to issue payments and receive my order(s):

Name: _____ Title: _____

Address: _____ Phone #: _____
(Street address, city, state, zip code)

X _____
SIGNATURE OF PERSON AUTHORIZING DESIGNEE

Please mail completed form to:
Miami-Dade County Elections Department
Public Services
2700 NW 87th Avenue
Miami, FL 33172

AFFIDAVIT TO RETRIEVE/RETURN ABSENTEE BALLOT FOR A VOTER

(There is a limit to two ballots per election, only one of which may be for a voter who is not the spouse, parent, child, grandparent or sibling of the designee).

Written Authorization for Voter

I_____ / _____ hereby designate
      (Voter's name-printed)   (Voter's signature)

_____ to pick up/return my absentee ballot for the _____.
(Print designee's name)   (Specify for which election)

Reason as to why I am unable to pick up/return my absentee ballot: _____.

Attention: Provide the following additional information if you (the voter) do not already have an absentee ballot request on record:

_____   _____   _____
Voter's date of birth (MM/DD/YY)   Voter's address   Day time phone #

Written Authorization for Designee
(To be completed along with written request from voter)

I_____ hereby swear or affirm that _____
    (Print the designee's name)   (Print the voter's name)

has authorized me to pick-up/return an absentee ballot on his or her behalf for the

_____.
(Specify for which election)

Check applicable box:

☐   I am a member of the voter's immediate family and my relation to the voter is _____.
                                                                    (Relationship)

☐   I am <u>not</u> a member of the voter's immediate family but have a physician's statement
     as to why voter is unable to pick up/return ballot.

Designee produced the following picture identification: _____.
                                                           (Type of identification)

I understand that any person who perpetrates any fraud in connection with any vote to be cast violates Florida Statutes and the Code of Miami-Dade County. This can result in a felony conviction, fines, and/or imprisonment. Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

_____   _____
Signature of designee   **Date**

(revised 11-2012; s. 101.62(4)(b)4.,F.S)

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY

MIAMI-DADE COUNTY

Name _____ **I.D. Number** _____ **Address (number and street)** _____ **City, State, Zip Code** _____ ☐ CHECK IF ADDRESS HAS CHANGED	**OFFICE USE ONLY**

Candidate for:

☐ Mayor

☐ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name _____   **Cover Period** _____ **through** _____

Report Type ☐ Original   ☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete. _____ (Type name) ☐ Treasurer ☐ Deputy Treasurer **X** _____ Signature	I certify that I have examined this report and it is true, correct, and complete. _____ (Type name) ☐ Candidate **X** _____ Signature

MD-ED 26 (Rev. 03/13)

PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES

MIAMI-DADE COUNTY

This report must be filed by applicable candidates running for Miami-Dade County Charter positions:
Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council

(1) Name _____ (2) I.D. Number _____

(3) Report Name _____ (4) Cover Period _____ through _____

(5) Report Type ☐ Original ☐ Amendment (6) Page _____ of _____

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MD-ED 26 (Rev. 03/13)

INSTRUCTIONS FOR PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

In line with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for Miami-Dade County Charter positions (Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council) whose paid poll workers are engaged in absentee ballot activities must file this form.

Section 12-14.1 Absentee Ballot Campaigning Reporting Requirement.

(1) Each campaign treasurer designated by a candidate for County or municipal office in Miami-Dade County shall, at the time of filing any contribution or expenditure reports otherwise required by law, file an additional electronic report with the officer responsible for receiving such candidate's contribution or expenditure reports. The report shall identify the names of all paid campaign workers, whether employed by the campaign or any consultant or agent of the campaign, participating in the campaign or undertaking any other activities regarding absentee ballots. The report shall be filed on a form created by the Supervisor of Elections for such purpose.

(2) Any candidate failing to file a report as required by this section on the designated due date shall be subject to a fine of $50 per day for the first three (3) days and, thereafter, $500 per day for each day late not to exceed $5,000. Such fine shall not be an allowable campaign expense and shall be paid only from the personal funds of the candidate. Any candidate may appeal or dispute the fine to the Miami-Dade County Commission on Ethics and Public Trust based upon, but not limited to, unusual circumstances surrounding the failure to file on the designated due date, and may request, and shall be entitled to, a hearing before the Commission on Ethics and Public Trust, which shall have the authority to waive the fine in whole or in part. Any such appeal or dispute shall be made within twenty (20) days after receipt of notice that payment is due or such appeal or dispute shall be waived.

(3) Candidates for County and municipal office in Miami-Dade County may not direct or knowingly permit any paid or volunteer campaign worker to violate any provision of the Miami-Dade County Code or Florida Law regarding the conduct of absentee voting. Any such candidate found to violate this subsection by the Commission on Ethics and Public Trust shall, in addition to any other civil or criminal penalties provided by law, shall be subject to the penalties provided in Section 2-11.1(bb) of the Code of Miami-Dade County.

FILING OUT ALL THE REQUIRED FIELDS:

(1) Type name of the entity.

(2) Type identification number assigned by the Supervisor of Elections or other filing officer.

(3) Type report name (e.g., Q1-13, Q2-13, etc). (See *Calendar and Election Dates* for appropriate report names.)

(4) Type cover period dates (e.g., 04/01/13 through 06/30/13). (See *Calendar and Election Dates* for appropriate cover periods.)

(5) Select report type, it is either an Original submission or an Amendment. Select Original if it is the first time the form is filed for a report. Select Amendment when amending a previously submitted report.

(6) Type page numbers (e.g., 1 of 3).

(7) Type the row number. Each detail line shall have a row number assigned to it. Row numbers are to be assigned within each reporting period and for each detail line. Thus the report type and row number will combine to uniquely identify a paid campaign worker participating in absentee ballot activities. For example, a Q1 report having 40 campaign workers would use row numbers 1 through 40. The next report (Q2), comprised of 30 campaign workers would use row numbers 1 through 30. Campaign workers on amended Q1 reports would begin with row number 41 and on amended Q2 reports would begin with row number 31. See *Amendment Type* instructions below.

(8) Type full name of paid campaign worker participating in absentee ballot activities.

(9) Enter the type of organization employed by: Candidate Campaign, Consultant (hired by the Campaign), Agent of the Campaign, or Other.

(10) Type the name of the organization that employed the paid campaign workers participating in absentee ballot activities.

(11) Enter the Amendment Type (required only on amended reports) as either "ADD" or "DELETE".

ADDING A NEW RECORD: To add a new (previously unreported) record for the reporting period being amended, enter "ADD" in the amendment type on a line with ALL of the required data. The row number for an amendment type "ADD" will start at one plus the number of rows in the original report. For example, when amending an original Q2 report that had 30 rows, the ninth "ADD" row would have sequence number 39.

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
39	Doe, John E.	Candidate Campaign		ADD

DELETING AN EXISTING RECORD: Enter "DELETE" in the amendment type on the row number that needs to be deleted. In combination with the report number being amended, this row number will identify the paid campaign worker to be dropped from your active records.

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
39	Doe, John E.	Candidate Campaign		DELETE

MODIFYING AN EXISTING RECORD: Enter "DELETE" in amendment type on the row number that needs to be corrected. In combination with the report number being amended, this row number will identify the paid campaign worker to be amended in your active records. On the next line, the sequence number remains the same, enter "ADD" in amendment type, and *all* required data in the ADD row will replace the dropped data.

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (If not directly hired by campaign)	(11) Amendment Type
39	Doe, John E.	Candidate Campaign		DELETE
39	Doe, John E.	Consultant	ABC Consulting	ADD