

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

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2006 MAY -4 PM 5:06
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: ANGEL GONZALEZ 1. Address (include post office box or street, city, state, zip code): 1455 N.W. 32 AVE MIA, FL 33125

Telephone (optional): (786) 251-58-01 2. Party (Partisan candidates only): 3. Office (add district, circuit, group number): COMMISSIONER DIST I

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer: FRANK CASTANEDA

5. Mailing Address (If post office box or drawer add street address): 6624 S.W. 95 CT. 6. Telephone: 305-270-95-94

7. City: MIAMI 8. County: Dade 9. State: FLORIDA 10. Zip Code: 33173

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: SUNTRUST BANK. 12. Street Address: 1400 N.W. 20 ST.
13. City: MIAMI 14. County: DADE 15. State: FLA 16. Zip Code: 33142

17. Signature of Candidate: X Angel Gonzalez Date: 5/5/06

Campaign Treasurer's Acceptance of Appointment

I, FRANK CASTANEDA, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Angel Gonzalez
who is seeking nomination or election as a N/A candidate to the office of
(Party)

Commissioner district 1 As a duly registered voter in MIAMI DADE
County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

5/5/06
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

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CITY OF MIAMI, FL

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, Angel Gonzalez,

candidate for the office of COMMISSIONER DIST 1;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

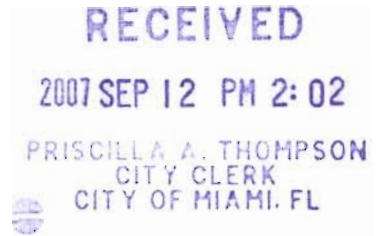
X

Angel Gonzalez
Signature of Candidate

5/5/06
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA



STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)

Angel González (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Angel González.
2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner please check and fill in the blank in subsection (b) below:
 (a) I am offering myself as a candidate for the office of Mayor of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of Miami for the duration of my term of office.
 (b) I am offering myself as a candidate of the office of Commissioner in District Number 1 of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the district for the duration of my term of office.
3. I have resided in the City of Miami for a minimum of one year before qualifying if applying for Mayor, and one year in the district if applying for the Commission, and I am a registered voter and a duly qualified elector of the City of Miami, Florida, presently registered to vote in precinct No. 550.

I presently reside at the following address (must include zip code):
1455 N.W. 32 Ave 33125,
which is my legal address, and I have resided continually at said address from the 13 day of April, 2001 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

Prior Addresses	For the Period
<u>N/A</u>	
_____	_____
_____	_____

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

None

6. Affiant's spouse resides at the following address: (must include city, state and zip code)

1455 N.W 32 Ave 33125

7. Affiant's minor children reside at the following address: (must include city, state and zip code)

None

8. At the present time, affiant (is) (is not) registered to vote in any city, county or state other than as stipulated in subparagraph 3 above.

9. Name and business address of affiant's employer:

City of Miami
City Commissioner District #1

10. Affiant's occupation: Commissioner

11. Affiant has been employed in the above-cited capacity for the following period of time:

Was elected November 2001

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

N/A

12. Affiant represents that he/she (is) (is not) currently holding another elective or appointive office – whether city, county or municipal – the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S.99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is) (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office. (Note: If affiant is an employee of the City of Miami (other than city manager, city attorney, independent auditor general or city clerk) or member of a city board of the City of Miami, Florida (other than a city commissioner or mayor), affiant in the case of an employee shall take a leave of absence, without pay from his/her employment during the period in which affiant is seeking election to public office or in the case of a board member such member shall resign and such leave of absence or resignation to be effective upon whichever occurs first:

- (a) such employee or board member receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or
- (b) at the time such employee or board member appoints a campaign treasurer and designates a primary depository; or
- (c) at the time such employee or board member files qualification papers and subscribes to a candidates oath as required by law.

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CITY CLERK
CITY OF MIAMI, FL

The definition of "city board" is found in Section 2-882 of the Miami City Code.

14. Affiant's campaign headquarters address and telephone number:

3420 N.W. 75th 786-252-80-70.

Affiant's campaign treasurer's name:

FRANK CASTANEDA

*Affiant's campaign treasurer's address:

6624 S.W. 950th

Telephone numbers: (work) (305) 250-5431

(home) (305) 240-9594

*[A Campaign Treasurer or Deputy Treasurer shall be a registered voter in the State of Florida.]

15. Affiant represents that, if elected, he she shall serve in the elective office to which he she seeks election.

16. Following is the exact way in which affiant would like to have his her name printed on the official ballot:

Angel GONZALEZ

SIGNED THIS 12th DAY OF September, 2007.

*Angel Gonzalez
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Angel Gonzalez, who, after first being duly sworn, deposes and states that Angel Gonzalez executed the foregoing to the best of his knowledge and belief.

Priscilla A. Thompson
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: Florida Driver's License

G524-000-44-388-0

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CITY CLERK
CITY OF MIAMI, FL

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Gonzalez Angel

MAILING ADDRESS:

1455 N.W. 32 Ave

CITY: MIAMI ZIP: FL 33173 COUNTY: Dade

NAME OF AGENCY: City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT: City of Miami Commissioner Dist 1

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

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CITY CLERK
CITY OF MIAMI, FL

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2006

****BOTH PARTS OF THIS SECTION MUST BE COMPLETED****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2006 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City of Miami	3500 PAN AMERICAN DR.	City Commissioner

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

451 W. 32 PL Hialeah, FL 33012
3369 S W 2 ST MIAMI, FL 33135
3401 S.W. 2 ST MIAMI, FL 33135
3419 S.W. 2 ST MIAMI, FL 33135

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

None

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CITY OF MIAMI, FL

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Homecoming Financial

P.O. Box 890036 Dallas, Texas 75389

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

None

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

Ronald Gandy

DATE SIGNED (required):

9/12/07

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

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LOYALTY OATH
CANDIDATES WITH NO PARTY AFFILIATION
(Sections 876.05-876.10, Florida Statutes)

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

STATE OF FLORIDA

MIAMI DADE

COUNTY

(PLEASE PRINT)

I,

<u>ANGEL</u>	<u>—</u>	<u>GONZALEZ</u>
--------------	----------	-----------------

First Name

Middle Name/Initial

Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

ANGEL GONZALEZ

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of CITY COMMISSIONER, 1, —,
(office) (district) (circuit)

— I am a qualified elector of MIAMI DADE County, Florida. I am qualified
(group)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE



Angel Gonzalez

Signature of Candidate

1455 NW 32 Ave
Mailing Address

786-251-5801
Day Phone

305-638-3995
Fax Number

MIAMI
City

FL
State

33125
Zip Code

9/12/07
Date Signed

LOYALTY OATH

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)

(Please Print)

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CITY CLERK
CITY OF MIAMI, FL

I, Angel _____
First Name Middle Initial Last Name

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Angel Gonzalez
Signature of Candidate

OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

Before me, an officer authorized to administer oaths, personally appeared

ANGEL GONZALEZ

(Please print name as you wish it to appear on ballot)

who being sworn, says, (he/she is a candidate for the office of City of Miami Commissioner, District 1; that he/she is a qualified elector of the City of Miami, Florida; that he/she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; that he/she has taken the oath required by ss. 876.05 – 876.10, Florida Statutes; that he/she has qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; and that he/she has resigned or taken a leave of absence from any office from which he/she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.

Angel Gonzalez
Signature of Candidate

1455 N.W. 32 AVE.
Address

MIAMI, FL 33125
City State ZIP Code

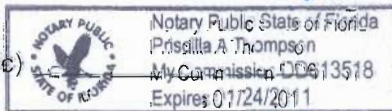
The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribe before me this 12th day of September, 2007.

(Signature of Officer Administering the Oath, or of designated Notary Public – State of Florida)

Priscilla A. Thompson

Print, Type, or Stamp Commissioned Name of designated Notary Public)



Personally Known OR Produced Identification Type of Identification Produced

FLORIDA DRIVERS LICENSE
G 524-000-44-388-0

**DECLARATION
FOR CANDIDATES NOT AUTOMATICALLY COVERED BY THE MIAMI-DADE
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

The Ethical Campaign Practices Ordinance may apply to any candidate, and his or her campaign staff, for elective office with a constituency in whole or in part in Miami-Dade County who agrees to abide by the mandatory and/or voluntary fair campaign practices.

I, ANGEL GONZALEZ, a candidate for the office of CITY OF MIAMI COMMISSION DIST 1 agree to abide by the mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the mandatory campaign practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

By signing this declaration, I acknowledge that I will follow the mandatory campaign practices and shall not:

- a) with actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule, or causes said person to be shunned or avoided, or injured in his or her business or occupation; or
- b) with actual malice publish or cause to be published by writing, printing, picture, effigy, sign or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff which exposes said person to be shunned or avoided, or injured in his or her business or occupation; or
- c) willfully injury, deface or damage or cause to be injured, defaced or damaged by any means any campaign poster, sign, leaflet, handbill, literature or other campaign material of another candidate; or
knowingly obtain, or cause to be obtained campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit therefrom; or
- e) knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate; or
- f) knowingly fail to remove a campaign sign within thirty (30) days of the last election in which the candidate was on the ballot; or
- g) knowingly erect or cause to be erected a campaign sign within the right-of-way limits of any County-maintained road in Miami-Dade County.

RECEIVED

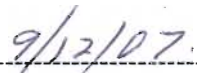
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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.



Signature



Date

In addition to abiding by the Mandatory Campaign Practices, I agree to follow the voluntary Statement of Fair Campaign Practices enumerated in Section 2-11.1(D):

1. I shall not make my race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
2. I shall not make my opponents' race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability or sexual orientation.
4. I shall not without just cause attack or question my opponent's patriotism.
5. I shall not publish, display or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group, which resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

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CITY CLERK
CITY OF MIAMI, FL

I, Angel Gonzalez, a candidate for the office of City of Miami Commission Dist 1 agree to abide by the Statement of Fair Campaign Practices mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and described on the previous page and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the Statement of Fair Statement Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.

Angel Gonzalez

Signature

9/12/07

Date

PLEASE FILE FORM(S) WITH THE MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST AND THE MIAMI-DADE SUPERVISOR OF ELECTIONS.

Miami-Dade Commission on Ethics
19 West Flagler Street
Suite 220
Miami, FL 33130

Miami-Dade Supervisor of Elections
2700 N.W. 87th Avenue
Doral, Florida 33172

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

September 4, 2007

ANGEL GONZALEZ
1455 NW 32ND AVE
MIAMI FL 33125

Re: BILL ACCOUNT #: 7231356473
1455 NW 32ND AVE
MIAMI FL 33125

Dear Angel Gonzalez:

Thank you for your recent request for a letter of residence verification.

Our records indicate that the account at 1455 NW 32ND AVE is currently under the name of ANGEL GONZALEZ. This account was established on April 13, 2001.

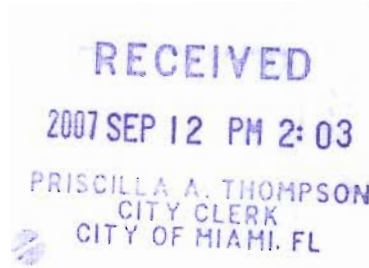
Should you have any questions regarding this matter, please do not hesitate to contact us at <http://www.fpl.com/email> (Please copy this information into the Address field of your browser if clicking on it does not take you to our Web site) .

Sincerely,

A handwritten signature in black ink, appearing to read 'Carlos Abreu'.

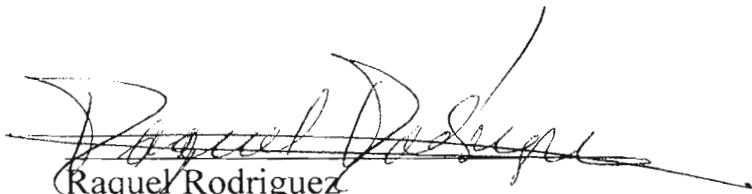
Carlos Abreu
FPL Customer Care Center

Tuesday, September 04, 2007



To Whom It May Concern:

This short letter is to certify that I, Raquel Rodriguez am the owner of the property located at 1455 Northwest 32ND Ave. Miami, Florida 33125 and that Mr. Angel Gonzalez and his family are my tenants and have resided continuously at this address since April 13th, 2001

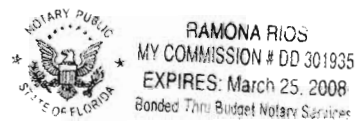

Raquel Rodriguez

Sworn to me and subscribed before me this 4 day of SEPTEMBER 2007

Personally known or produced identification type _____

Florida Notary Public Name and Commission expires on Seal


Notary Signature



Florida *The Sunshine State*

DRIVER LICENSE CLASS E
G524-000-44-388-0

ANGEL GONZALEZ
1455 NW 32ND AVE
MIAMI, FL 33125-1000

DOB: 10-28-1944 SEX: M HGT: 5-10
ISSUED: 10-22-2006
EXPIRES: 10-22-2012

Angel Gonzalez

S070610280070 SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law

Copy

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FRISCELLA, A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

You are eligible to vote for the representatives from the districts listed below.
Ud. es elegible para votar por los representantes de los distritos enumerados abajo.

ISSUED IMPRESO 09/25/2007

VOTER ID CARD
MIAMI-DADE COUNTY, FL

MIAMI-DADE
ELECTIONS

TARJETA DE IDENTIFICACIÓN DE ELECTOR
CONDADO DE MIAMI-DADE, FLA.

CONGRESS CONGRESO	STATE SENATE SENADO ESTATAL	STATE HOUSE CÁMARA ESTATAL
018	036	113
COUNTY COMMISSION COMISION DEL CONDADO	SCHOOL BOARD JUNTA ESCOLAR	PARTY AFFILIATION PARTIDO
05	05	NPA
COMMUNITY COUNCIL CONSEJO COMUNITARIO	MUNICIPAL MUNICIPAL	REGISTRATION NO. NUM. DE INSCRIPCIÓN
	MI01	00555715

REGISTRATION DATE
FECHA DE INSCRIPCIÓN 03/11/71 MH

IDENTIFICATION DATA
DATOS DE IDENTIFICACIÓN 10/28/44

PRECINCT NO.
NUM. DE RECINTO 550

00555715
GONZALEZ, ANGEL
1455 NW 32ND AVE
MIAMI FL 33125

POLLING PLACE / CENTRO DE VOTACIÓN

MIA FIRE FIGHTERS ASSOC
2980 NW S RIVER DR

Angel Gonzalez
SIGNATURE OF VOTER / FIRMA DEL ELECTOR

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CITY CLERK
CITY OF MIAMI, FL

ANGEL GONZALEZ CAMPAIGN FUND 05/2006
RE- ELECTION
1455 NW 32ND AVE
MIAMI, FL 33125-1909

1050

63-215/631

9-12-07

DATE

PAY TO THE
ORDER OF

City of Miami

\$ 682 ⁰⁰/₁₀₀

Six hundred and eighty two

⁰⁰/₁₀₀ DOLLARS



Security
Feature
Protect
Your
Data



ACH RT 061000104

FOR

Campaign washing see Dist 1 Angel Gonzalez

⑆063102152⑆1000047551873⑆1050

© HAWLAND 2005

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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CITY CLERK
CITY OF MIAMI, FL



City of Miami
OFFICIAL RECEIPT

\$ 682.00 Sales Tax \$ — Total \$ 682.00
Six hundred eighty-two Dollars

Received from: Angel Thompson
Address: 1455 N.W. 32 Avenue Miami, FL 33135-1909

For: District Qualification Fee Reference No: 63-915

This Receipt not VALID unless dated, filled in and signed by authorized employee of department or division designated hereon and until the City has collected the proceeds of any checks tendered as payment herein.

By: Priscilla A. Thompson
Department: City Clerk's Office
Division: _____

C FNTM 402 Rev. 03/03

Distribution: White - Customer; Canary - Finance; Pink - Issuing Department

STREET ID: 065521 IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
1451 - 1499	NW	32	AV	1 ODD


FACE:	W	PRIMARY ZONE:		EMPOWERMENT ZONE:	N
ZIP CODE:	331251909	SD1 ZONE:		LATIN QUATERS:	N
CENSUS TRACT:	5001	SD2 ZONE:		VOTING DISTRICT:	01
CENSUS BLOCK:	2009	DDRI ZONE:	N		
FIRE 901 ZONE:	0695	SEOPWDRI ZONE:	N		
FIRE SFBC ZONE:	2A	HIST PRESVN DIST:	N		
NBHD CODE:	08	SCENIC CORRIDOR:	N		
SUB NBHD CODE:	02	PEDESTRIAN PATHWAY:	N		
SOLID WASTE ROUTE:	118	OMNI TAX DISTRICT:	N		
TRASH ROUTE:	00	DDA DISTRICT:	N		
STREET CLEAN ROUTE:	000	CD TARGET AREA:	00		

NEXT STREET:				
HOUSE NO:	QUAD:	NAME:	TYPE:	ACTION: 01
ACTION: 1-CONTINUE				XMIT:

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 CITY OF MIAMI, FL

Candidate Qualification Checklist

QUALIFYING A CANDIDATE

		Print Candidate Name
REQUIRED FORMS:		ANGEL GONZALEZ
1	Appointment of Campaign Treasurer and Designation of Campaign Depository	<input checked="" type="checkbox"/>
2	Statement of Candidate	<input checked="" type="checkbox"/>
3	Affidavit of Candidate(this is done last) ✓	<input checked="" type="checkbox"/>
4	Form 1 Statement of Financial Interests (for prior year)	<input checked="" type="checkbox"/>
5	Loyalty Oath ✓	<input checked="" type="checkbox"/>
OPTIONAL FORMS		
1	Loyalty Oath (City's form) ✓	<input checked="" type="checkbox"/>
2	Ethics Declaration <i>to return</i>	<input checked="" type="checkbox"/>
PROOF OF RESIDENCY		
	Proof of residency for one year prior to qualifying and current time (i.e., copy of deed, mortgage, lease, utility bill, etc.)	<input checked="" type="checkbox"/>
	Drivers license or other picture identification (make copy) ✓	<input checked="" type="checkbox"/>
	Voter's registration card (make copy) ✓	<input checked="" type="checkbox"/>
TO DO		
a	Check from campaign account (\$1,070 for mayor; \$682 for commissioner) made payable to City of Miami.	<input checked="" type="checkbox"/>
b	Verify that address is appropriate City address and that it falls within district boundary, if running for Commission seat. Print ARPS. Correct District Number is printed on voter's registration card. Verify!	<input checked="" type="checkbox"/>
c	Make sure every blank is filled and all signatures required are executed. Affidavit of Candidate signatures done last, after oath is given that all information submitted in these documents is correct to the best of candidate's knowledge, under penalty of law.	<input checked="" type="checkbox"/>
d	Have candidate take oath that all information is correct to the best of his/her knowledge. "Do you swear (or affirm) that the statements in the affidavit are true and complete to the best of your knowledge and belief?" They need not answer orally or raise their right hand; subsequent signing of the Affidavit is an adequate affirmation response. Then have candidate sign Affidavit of Candidate form; then clerk signs, dates and notarizes form	<input checked="" type="checkbox"/>
e	Write receipt for check.	<input checked="" type="checkbox"/>
f	Time stamp all documents, except proof of residency documents being submitted. COPIES must be time stamped	<input checked="" type="checkbox"/>
g	Make 2 sets of copies of all documents. Candidate gets one copy of everything. Second set of copies are sent to Supervisor of Elections.	<input checked="" type="checkbox"/>
h	Return to candidate his/her original driver's license, voter's registration card, receipt, proof of residency.	<input checked="" type="checkbox"/>
i	Give candidate a copy elections package (letter and CD). Briefly highlight the election calendar and the clerk's website and explain contents of CD.	<input checked="" type="checkbox"/>
CANDIDATE ACKNOWLEDGMENT OF RECEIPT		
	I am in receipt of the elections package containing a CD and letter from the City Clerk and I have been provided copies of my time-stamped qualification documents.	<input checked="" type="checkbox"/>
<p align="center">  Signature </p>		<p align="center"> <i>9/12/07</i> Date </p>

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