

**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 DEC -6 PM 1:58  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate <u>Mike Suarez</u>	1. Address (include post office box or street, city, state, zip code) <u>5201 NW 7 St #410 Miami FL 33126</u>
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Telephone (optional) ( ) —	2. Party (Partisan candidates only) <u>N/A</u>	3. Office (add district, circuit, group number) <u>Commissioner, District 1</u>
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I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer  
Jose Fundora

5. Mailing Address (If post office box or drawer add street address) <u>18995 NW 62 Ave # 202</u>	6. Telephone <u>305-606-7358</u>
--	-------------------------------------

7. City <u>Miami</u>	8. County <u>Dade</u>	9. State <u>Florida</u>	10. Zip Code <u>33015</u>
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I have designated the following named bank as my  Primary Depository     Secondary Depository

11. Name of Bank <u>Interamerican Bank</u>	12. Street Address <u>9190 Coral Way</u>
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13. City <u>Miami</u>	14. County <u>Dade</u>	15. State <u>Florida</u>	16. Zip Code <u>33165</u>
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17. Signature of Candidate <u>X</u> 	Date <u>12/5/06</u>
--	------------------------

**Campaign Treasurer's Acceptance of Appointment**

I, Jose Fundora, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of Mike Suarez

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.**

12/5/06  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, Mike Suarez,

candidate for the office of Commissioner, District 1;

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

X



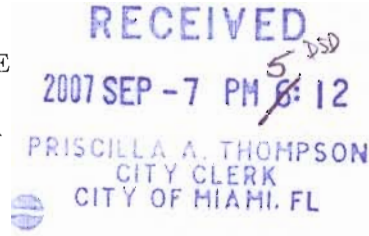
Signature of Candidate

12/5/06

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 )

Michel Suarez (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Michel Suarez.
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. 556.

I presently reside at the following address (must include zip code):  
5201 NW 7st MIAMI, FL 33126 #410,  
which is my legal address, and I have resided continually at said address from the 25 day of Aug, 2006 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>411 NW 31 AVE</u>	<u>18 years</u>
<u>MIAMI FL 33125</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:

N/A

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

5201 NW 7st MIAMI FL 33126

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

N/A

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:

Ace Bonding Co.  
1575 NW 14th MIAMI, FL 33125

10. Affiant's occupation: Bondsman

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

2 years

(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:

3672 SW 25th MIAMI, FL 33125 305) 979-4934

Affiant's campaign treasurer's name:

Jose Fundora

\*Affiant's campaign treasurer's address:

18995 NW 62 Ave # 202 MIAMI Dade, FL 33165

Telephone numbers: (work) 786-301-6352

(home) 305-606-7358

\*[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:

Mike Suarez

SIGNED THIS 7 DAY OF Sept, 2007.

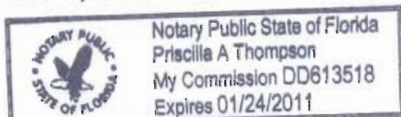


AFFIANT

BEFORE ME, the undersigned authority, personally appeared MICHEL SUAREZ who, after first being duly sworn, deposes and states that MICHEL SUAREZ 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: FLA DRIVER'S LICENSE  
5620-540-75-377-0



# FORM 1

# STATEMENT OF

2006

## FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Suarez Michel

MAILING ADDRESS :

5201 NW 7st # 410

CITY : MIAMI FL 33126 MIAMI-Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner Dist 1 City of Miami

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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PRISCILLA A. THOMPSON  
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
Ace Bonding Co.	1575 NW 14st MIAMI FL 33125	Bonding Business

**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
N/A			

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

5201 NW 7st
MIAMI FL 33126 # 410

**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

N/A	<p style="font-size: 1.2em; color: blue; margin: 0;">RECEIVED</p> <p style="font-size: 0.8em; color: blue; margin: 0;">2007 SEP -7 PM 6:13</p> <p style="font-size: 0.7em; color: blue; margin: 0;">PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI, FL</p>

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A	

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

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE (required):



DATE SIGNED (required):

Ms. 9/7/07

**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.

**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>Michel</u>	<u>—</u>	<u>Suarez</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,

Mike Suarez

(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 Commissioner City of Miami , XMS.

(office)

(district)

(circuit)

(group)

. I am a qualified elector of MIAMI Dade County, Florida. I am qualified

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**



Signature of Candidate

5201 NW 7st

Mailing Address

305-979-4934

Day Phone

—

Fax Number

MIAMI

City

FL

State

33126

Zip Code

MS. 9/11/07

Date Signed



LOYALTY OATH

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)
(Please Print)

I, Michel Suarez
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.

Signature of Candidate

OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

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

Mike Suarez

(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 Cons, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; the 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, Florid Statutes.

Signature of Candidate

5201 NW 7st #410
Address

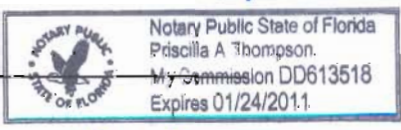
MIAMI FL 33126
City State ZIP Code

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

The Loyalty Oath and the above Oath of Candidate are sworn to and subscribe before me this 7th 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 FLA DRIVER'S LICENSE 5620-540-75-377-0

**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, Michel Suarez, a candidate for the office of Commissioner dist 1, City of Miami, 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 injure, 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
- d) 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.

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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

M.S.  
9/17/07

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.
- I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

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5:30 PM  
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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF HIAWATHA, FL



I, Michel Suarez, a candidate for the office of Commissioner 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.

  
-----  
Signature

*M.S.*  
*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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CITY CLERK  
CITY OF MIAMI, FL



Florida Power & Light Company  
PO Box 025576  
Miami, FL 33102

/ 27

15000 8508484725051305462200000

Please request changes on the back.  
Notes on the front will not be detected.

The amount enclosed includes the following donation:  
FPL Care To Share \$ \_\_\_\_\_

A 1 2,4,6,8 8508 0

#BWNDJNQ \*\*\*  
#2758443A1314058# 1 500479  
MICHEL SUAREZ  
5201 NW 7TH ST APT W410  
MIAMI FL 33126-6701

Make check payable to FPL in U.S. funds  
and mail along with this coupon to:

FPL  
GENERAL MAIL FACILITY  
MIAMI FL 33188-0001



Account number	Total amount you owe	New charges due by	Amount enclosed
48472-50513	\$226.45	Nov 22 2006	\$

### Your electric statement

Account number: 48472-50513

For: Aug 30 2006 to Oct 10 2006 (see message below)

Customer name: MICHEL SUAREZ

Statement date: Nov 01 2006

Service address: 5201 NW 7TH ST APT W410

Next meter reading: Nov 08 2006

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
0.00	0.00	150.00	150.00	76.45	\$226.45	Nov 22 2006

Multiple-month usage	
Meter no. 5E28162	
Total kWh	464

**Additional activity:**

Deposit balance due	150.00
Balance before new charges	\$150.00

**New charges (Rate: RS-1 RESIDENTIAL SERVICE)**

Electric service amount	53.82
Gross receipts tax	1.38
Franchise charge	2.98
Utility tax	3.39
Service Charge	14.88
<b>Total new charges</b>	<b>\$76.45</b>

**Total amount you owe \$226.45**

- A late payment charge of 1.50% will apply if not paid by November 22, 2006, and your account may be subject to being billed an additional deposit.
- This bill is for multiple (2) billing periods. Details of each period are available on the attached report(s).
- The Service/Initial Charge is a one-time charge to defray administrative costs required to start your electric service or to make a change to your account at your request.
- Transactions involving connects, disconnects, name changes and payment extensions may require positive identification.

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 2007 SEP -7 PM 6:13  
 PRISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL



Florida Power & Light Company  
PO Box 025576  
Miami, FL 33102

Please have your account number ready when contacting FPL.  
 Customer service: (305) 442-8770  
 Outside Florida: 1-800-226-3545  
 To report power outages: 1-800-4-OUTAGE (468-8243)  
 Hearing/speech impaired: 1-800-432-6554 (TTY/TDD)  
 Online at: [www.FPL.com](http://www.FPL.com)

### ACCOUNT SUMMARY

Your Account Summary		
Customer Name	MICHEL SUAREZ	
Account Number	4847250513	<a href="#">ACCESS ANOTHER ACCOUNT &gt;</a>
Service Address	5201 NW 7TH ST APT W410 MIAMI FL, 33126	
Mailing Address	5201 NW 7TH ST APT W410 MIAMI FL, 33126	<a href="#">UPDATE &gt;</a>
Total Now Due		<a href="#">PAY MY BILL &gt;</a>
New Charges		<a href="#">VIEW MY BILL &gt;</a>
Past Due	\$0.00	<a href="#">BILL HISTORY &gt;</a>
<b>Aug 31, 2007</b>		
Last Payment	\$88.00 Aug 24, 2007	<a href="#">PAYMENT HISTORY &gt;</a>
Deposit Amount	\$150.00	
E-mail Address		<a href="#">CHANGE MY E-MAIL ADDRESS &gt;</a> <a href="#">CHANGE MY E-MAIL PREFERENCES &gt;</a>
Phone Number	(N/A)	<a href="#">UPDATE &gt;</a>

Your Message Inbox	
General Messages	
8/13/2007: We have cleared main lines in your area. <a href="#">Click here to learn more.</a>	

Your FPL Program Profile	Enrolled	Actions
Billing Options		
<a href="#">FPL E-Mail Bill</a>	No	<a href="#">Sign Up</a>
<a href="#">Online Billing</a>	No	<a href="#">Info</a>
Payment Options		
<a href="#">Automatic Bill Pay</a>	No	<a href="#">Sign Up</a>
<a href="#">Pay Online</a>	No	<a href="#">Sign Up</a>
Bill Management Options		
<a href="#">Budget Bill</a>	No	<a href="#">Sign Up</a>
<a href="#">62 Plus</a>	No	<a href="#">Sign Up</a>
<a href="#">Friendly Reminder</a>	No	<a href="#">Sign Up</a>
<a href="#">Payment Extension Request</a>	-	<a href="#">Info</a>


**RECEIVED**  
 2007 SEP - 7 PM 5:13  
 PRISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL

Bill Statement



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2007 SEP -7 PM 8:13

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CITY CLERK  
CITY OF MIAMI, FL

Customer Name: MICHEL SUAREZ  
Service Address: 5201 NW 7TH ST APT W410  
FPL Account Number: 4847250513  
Service Dates: 07/12/2007 to 08/10/2007  
Statement Date: 08/10/2007  
Next Scheduled Read Date: 09/11/2007

[View Back of the Bill](#)

[View Bill Insert](#)

[Understanding Your Bill](#)

[Access Another Account](#)

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
72.53	72.53CR	0.00	0.00	88.00	\$88.00	Aug 31 2007

[Pay Online](#)

Amount of your last bill 72.53  
Payment received - Thank you 72.53CR  
Balance before new charges \$0.00

New charges (Rate: RS-1 RESIDENTIAL SERVICE )  
Electric service amount 76.11\*\*  
Storm charge 0.76  
Gross receipts tax 1.97  
Franchise charge 4.34  
Utility tax 4.82  
Total new charges \$88.00

Total amount you owe \$88.00

-NOTICE: A late payment charge of 1.50% will apply if not paid by August 31, 2007, and your account may be subject to being billed an additional deposit.

-A portion of your electric bill reflects a Storm Charge approved in a financing order by the Florida Public Service Commission. A separate legal entity is the owner of all rights to the Storm Bond Repayment Charge. FPL is merely acting as a collection agent or servicer for this separate legal entity.

Meter reading - meter 5E28162  
Current reading 20766  
Previous reading -20017

kWh used	749
Energy usage	
kWh this month	749
Service days	29
kWh/day	26

\*\*The electric service amount includes the following charges:

Customer charge: \$5.34 per month

Fuel: \$39.66  
 (First 1000 kWh at \$0.052950)  
 (Over 1000 kWh at \$0.062950)

Non-fuel: \$31.11  
 (First 1000 kWh at \$0.041530)  
 (Over 1000 kWh at \$0.051850)

For more help in managing your bill, if you are not already participating, access

- **Total Now Due and Last Payment**
- **FPL Pay Online** to pay your bill now.
- **FPL Automatic Bill Pay** to ensure your bill is always paid on time.
- **FPL E-Mail Bill** to receive your bill online.
- **How to read your bill.**

Please **add your e-mail address** to your FPL account.

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### Billing / Charges History

Visit these sections for helpful tips on energy savings:

- [For Your Business.](#)
- [For Your Home.](#)

Help make your home electric bill more predictable, access [FPL Budget Billing](#) program.

Please [add your e-mail address](#) to your FPL account.

Note: This page may include some debits that were billed after the last statement was issued. Some miscellaneous debits may not be displayed.

[Access Another Account](#)

**FPL Account Number:** 4847250513

Date	Service Days	KWH Used	Debit Amount	Description of Charges
08/10/2007	29	749	\$88.00	Electric Bill
07/12/2007	30	607	\$72.53	Electric Bill
06/12/2007	32	609	\$72.75	Electric Bill
05/11/2007	29	466	\$57.19	Electric Bill
04/12/2007	29	377	\$47.26	Electric Bill
03/14/2007	29	223	\$30.48	Electric Bill
02/13/2007	32	134	\$20.77	Electric Bill
01/12/2007	32	353	\$44.65	Electric Bill
12/11/2006	33	227	\$32.14	Electric Bill
11/08/2006	29	342	\$45.32	Electric Bill
11/01/2006	29	283	\$38.55	Electric Bill
11/01/2006	12	181	\$23.02	Electric Bill
11/01/2006			\$150.00	Deposit Balance
11/01/2006			\$14.88	Service Charge

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**Florida** *The Sunshine State*  
**DRIVER LICENSE CLASS E**  
**S620-540-75-377-0**



**MICHEL SUAREZ**  
**5201 NW 7TH STREET APT 410**  
**MIAMI, FL 33126-3341**  
DOB: **10-17-1975** SEX: **M** HGT: **6-00**  
ISSUED: **10-31-2006**  
EXPIRES: **10-17-2013**

**X620610312982 SAFE DRIVER**  
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

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CITY OF MIAMI, FL



**Voter Information Card**  
Miami-Dade County, FL

Carta de información del elector  
Carta de información del elector  
Condado de Miami-Dade, FL

**Kat Enfòmasyon Votè**  
Kontè Miami-Dade, FL

**SUAREZ, MICHEL**  
5201 NW 7TH ST #410  
MIAMI FL 33126

ISSUED  
ENPRIME  
10/31/06

**Bring photo identification  
when voting.**

Para votar, presente una  
identificación con fotografía.

Tranpri pote yon pyès idantifikasyon  
ki gen foto w sou li lè w'ap vin vote.

**Registration No.**  
Nim. de inscripción  
Nim. Enskripsyon

109518304

**Identification Data**

Enfo. Idantifikasyon

10/17/75

**Precinct No.**

Nim. Biwo Vòt

556

**Registration Date**

Dat Enskripsyon

03/15/95

**Party Affiliation**

Pati Politik

NPA

Polling Place | Centro de votación | Lokal Biwo Vòt

**RESIDENTIAL PLAZA**

5617 NW 7 ST

**Lester Sola**

Supervisor of Elections | Supervisor de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.

W elijib pou w vote pou reprezantan ki nan distri ki ekri anba sa va.

**Congress**

Kongrè

018

**State Senate**

Sena Eta a

040

**State House**

Lachann Eta a

111

**County Commission**

Komisyon Konte

06

**School Board**

Ajanble Edikasyon

05

**Community Council**

Konsej Komünitè

Municipal | Minisipal

MIO1



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CITY CLERK  
CITY OF MIAMI, FL

MIKE SUAREZ FOR COMMISSIONER DISTRICT 1  
5201 NW 7TH ST, APT. 410  
MIAMI, FL 33126  
63-8726-1  
2670  
0150032250  
DATE 9/7/07  
1026

PAY TO THE ORDER OF City of Miami  
Six hundred eighty two  
DOLLARS \$ 682.00

**Interamerican Bank** FSB  
9199 CORAL WAY  
MIAMI, FLORIDA 33185

MEMO City of Miami  
0150032250 1026  
0150032250 1026

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DSD  
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CITY CLERK  
CITY OF MIAMI, FL



City of Miami  
OFFICIAL RECEIPT

\$682.00 Sales Tax \$ - Total \$682.00  
Date: 8 | 7 | 2007  
No. 324132  
887100 Dollars

Received from: Mike Suarez

Address: 5201 NW 7th Street Apt 410 Miami FL 33126

For: Candidate Qualifying Fees Reference No: CL #1026 (63-8716)

By: Priscilla A. Thompson  
Department: Office of the City Clerk  
Division: Electrons

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.

C FN/TM 402 Rev. 03/03

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

STREET ID: 023281 IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
5101 - 5299	NW 7		ST	1 ODD

FACE:	S	PRIMARY ZONE:	EMPOWERMENT ZONE:	N
ZIP CODE:	331263300	SD1 ZONE:	LATIN QUATERS:	N
CENSUS TRACT:	5703	SD2 ZONE:	VOTING DISTRICT:	01
CENSUS BLOCK:	0903	DDRI ZONE:		N
FIRE 901 ZONE:	3151	SEOPWDRI ZONE:		N
FIRE SFBC ZONE:	2A	HIST PRESVN DIST:		N
NBHD CODE:	09	SCENIC CORRIDOR:		N
SUB NBHD CODE:	01	PEDESTRIAN PATHWAY:		N
SOLID WASTE ROUTE:	223	OMNI TAX DISTRICT:		N
TRASH ROUTE:	43	DDA DISTRICT:		N
STREET CLEAN ROUTE:	005	CD TARGET AREA:		00

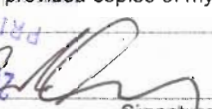
NEXT STREET:

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

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 CITY CLERK  
 CITY OF MIAMI, FL

Candidate Qualification Checklist

**QUALIFYING A CANDIDATE**

		Print Candidate Name
<b>REQUIRED FORMS:</b>		<b>Mike Suarez</b>
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( <b>this is done last</b> )	<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"/>
<b>OPTIONAL FORMS</b>		
1	Loyalty Oath (City's form)	<input checked="" type="checkbox"/>
2	Ethics Declaration	<input checked="" type="checkbox"/>
<b>PROOF OF RESIDENCY</b>		
	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"/>
<b>TO DO</b>		
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. <b>"Do you swear (or affirm) that the statements in the affidavit are true and complete to the best of your knowledge and belief?"</b> 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"/>
<b>CANDIDATE ACKNOWLEDGMENT OF RECEIPT</b>		
	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"/>
	 Signature	9-07-07 Date

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 5:05 PM  
 SEP-7 2007  
 PRISCILLA P. SOUSA  
 CLERK OF THE CITY OF MIAMI

SEPTEMBER 10, 2007

NOTE TO FILE

Mike Suarez scheduled an appointment with the Office of the City Clerk on February 7, 2007 at 2:00 PM in order to file qualification documents. Mr. Suarez arrived at the Clerk's counter at exactly 2:00 PM and began the qualifying process.

We paused the process in order for Mr. Suarez to retrieve a document. He arrived back at the Office of the City Clerk at approximately 4:35 PM and whereupon we continued the qualifying process.

At approximately 5:12 PM all documents were submitted and time-stamped.

After Mr. Suarez had finished qualifying and left the Office of the City Clerk, we noticed that the time-stamp on the documents did not match the LED readout on the time-clock, i.e. clock face read the true time, 5:12 PM but the stamp read 6:12 PM, one hour ahead.

Since the clock face and the typewheels are set independently and synced manually, typewheels in the clock were not properly set to the correct time. This can occur after a power outage or power surge.

The time-stamps on Mr. Suarez's qualifying documents were subsequently corrected to reflect the correct time.



Dwight Danie, Elections Coordinator  
Office of the City Clerk  
City of Miami