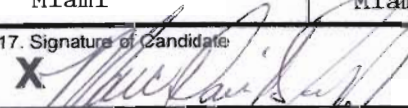



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 2007 FEB 20 PM 1:39  
 PRISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL

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	
CHECK APPROPRIATE BOX:					
<input checked="" type="checkbox"/> Original Appointment		<input type="checkbox"/> Deputy Treasurer		<input type="checkbox"/> Reappointment of Treasurer	
<input type="checkbox"/> Secondary Depository					
Name of Candidate  Marc David Sarnoff			1. Address (include post office box or street, city, state, zip code) 3000 Shipping Avenue Miami, Florida 33133		
Telephone (optional) ( )		2. Party (Partisan candidates only) N/A		3. Office (add district, circuit, group number) Commissioner, Dist.2, Miami	
I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
4. Name of Treasurer or Deputy Treasurer Edward A. Strongin					
5. Mailing Address (If post office box or drawer add street address) 3225 Aviation Avenue, #500				6. Telephone 305-858-5800	
7. City Miami		8. County Miami-Dade		9. State FL.	10. Zip Code 33133
I have designated the following named bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
11. Name of Bank Biscayne Bank			12. Street Address 3121 Commodore Plaza		
13. City Miami		14. County Miami-Dade		15. State FLA.	16. Zip Code 33133
17. Signature of Candidate 				Date 2/20/07	
<b>Campaign Treasurer's Acceptance of Appointment</b>					
I, <u>Edward A. Strongin</u> , do hereby accept the appointment as (Please Print or Type) <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer for the campaign of <u>Marc David Sarnoff</u> who is seeking nomination or election as a <u>N/A</u> candidate to the office of (Party) <u>Commissioner, Dist.2, Miami</u> As a duly registered voter in <u>Miami-Dade</u> 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.					
Date <u>2/16/07</u>		<input checked="" type="checkbox"/>  Signature of Campaign Treasurer or Deputy Treasurer			



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**STATEMENT OF CANDIDATE**

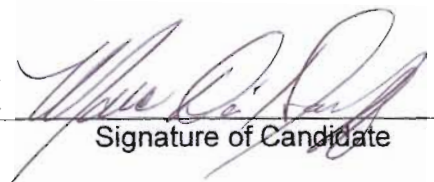
(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Marc David Sarnoff,  
candidate for the office of Commissioner District 2, City of Miami;  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X

  
Signature of Candidate

2/20/07  
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).



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CITY OF MIAMI

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:

Marc David Sarnoff, P.A., 3000 Shipping Avenue, Miami, Fla. 33133

City of Miami, 3500 Pan American Drive, Coconut Grove, Fl.33133

10. Affiant's occupation: Attorney at Law/Commissioner

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

Attorney-20 yrs. Commissioner-10 mo.s

(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).

NA

12. Affiant represents that he/<sup>is</sup>she/<sup>is</sup> ~~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~~ <sup>is</sup> (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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The definition of "city board" is found in Section 2-882 of the Miami City Code. 2007 SEP 18 AM 10:37

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

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

3000 Shipping Avenue, Coconut Grove, FL 33133

Affiant's campaign treasurer's name:

Edward Strongin

\*Affiant's campaign treasurer's address:

3225 Aviation Avenue, #500, Coconut Grove, FL 33133

Telephone numbers: (work) 305-858-5800

(home) 305-790-7783

\*[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.

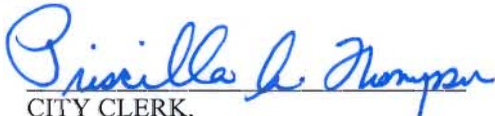
16. Following is the exact way in which affiant would like to have his/~~her~~ name printed on the official ballot:

Marc Sarnoff

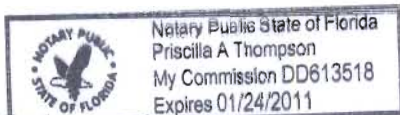
SIGNED THIS 18th DAY OF September, 2007.

  
AFFIANT

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

  
CITY CLERK,  
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: Florida Concealed Weapons or Firearm license W9318407

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CITY CLERK  
CITY OF MIAMI, FL

# FORM 1

# STATEMENT OF FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME  
Sarnoff, Marc David

MAILING ADDRESS  
3000 Shipping Avenue

Miami 33133 Miami-Dade  
CITY ZIP COUNTY

City of Miami  
NAME OF AGENCY

Commissioner  
NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE  
USE ONLY:

ID Code \_\_\_\_\_

ID No \_\_\_\_\_

Conf. Code \_\_\_\_\_

P. Req. Code \_\_\_\_\_

PDF 2005

### "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: 2006

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
Marc David Sarnoff, P.A.	3000 Shipping Avenue, Miami	Law Firm
Sale of Real Estate	Colorado	Sale of Real Estate
Smith Barney	Miami Beach, Fl.	Stocks, bonds, Investments
City of Miami	3500 Pan American Dr. Miami	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
Marc David Sarnoff, P.A.	Sarnoff & Bayer	3000 Shipping Avenue	Law Firm

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

3100 Virginia Street, Miami

3000 Shipping Avenue, Miami

**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.

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Personal investments, securities N/A

stocks, bonds:

Common Stock

Marc David. Sarnoff, P.A.

PART E — LIABILITIES [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

Countrywide Mortgage

P.O. Box 660694, Dallas, Texas 75266-0694

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	/	/	/
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	/	/	/
NATURE OF OWNERSHIP INTEREST	/	/	/

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

SIGNATURE (required):

DATE SIGNED (required):

9/18/07

**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.

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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CITY OF MIAMI, FL

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

STATE OF FLORIDA

Miami-Dade COUNTY

(PLEASE PRINT)

I,

Marc	David	Sarnoff
------	-------	---------

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, Marc Sarnoff

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

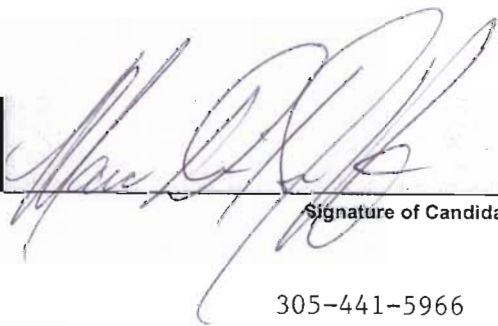
am a candidate for the office of Commissioner, 2, N/A,  
(office) (district) (circuit)

N/A. 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**

  
Signature of Candidate

3000 Shipping Avenue, 305-441-5966 305-441-5977  
Mailing Address Day Phone Fax Number

Miami Florida 33133 9-18-07  
City State Zip Code 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, Marc David Sarnoff
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
Marc Sarnoff
(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 2; 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.

Signature of Candidate
3000 Shipping Avenue
Address
Miami, Fla. 33133
City State ZIP Code

The Loyalty Oath and the above Oath of Candidate are sworn to
and subscribe before me this 18th 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)
Notary Public State of Florida
Priscilla A Thompson
My Commission DD613518
Expires 01/24/2011

Personally Known OR Produced Identification Type of Identification Produced
Florida Concealed Weapon or Firearm license
W9318407

**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, Marc David Sarnoff, a candidate for the office of City of Miami Commissioner-Dist. 2, 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
- g) knowingly fail to remove a campaign sign within thirty (30) days of the last election in which the candidate was on the ballot; or
- h) 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.

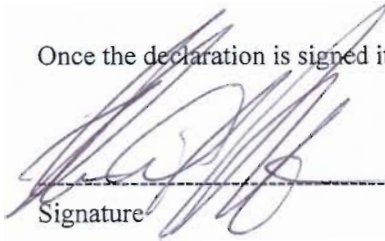
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CITY OF MIAMI, FL



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

  
-----  
Signature

*18 M.S.*  
9-~~19~~-07  
-----  
Date

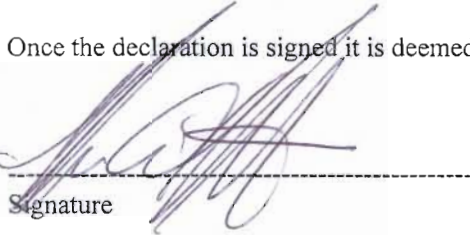
In addition to abiding by the Mandatory Campaign Practices, I agree to follow the voluntary Statement of Fair Campaign Practices enumerated in Section 2-11.1(D):

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



I, Marc Sarnoff, a candidate for the office of City of Miami  
Commissioner - Dist. 2, 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

9-18-07  
-----  
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 OF MIAMI, FL



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

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

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

**MARC DAVID SARNOFF**  
**3000 SHIPPING AVE**  
**MIAMI FL 33133**

ISSUED  
ENMILEA  
ENPRIME  
02/24/06

**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.  
Num. de inscripción  
Nim. Enskripsyon

109300075

Identification Data  
Datos de identificación  
Enfo. Idantifikasyon

12/28/59

Precinct No.  
Núm. del distrito  
Nim. Biwo Vòt

583

Registration Date  
Fecha de inscripción  
Dat Enskripsyon

12/19/87

Party Affiliation  
Afilación partidista  
Pati Politik

REP

Polling Place | Centro de votación | Lokal Biwo Vòt

**MIAMI FIRE STATION #8**  
**2975 OAK AVE**

Lester Sola

Supervisor of Elections | Supervisor de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.  
Ud pòtè votar pou los representantes de los distritos enumerados abajo.  
W elijib pou w vote pou reprezantan ki nan distri ki ekri anba la yo.

Congress  
Congreso  
Kongrè

018

State Senate  
Senado Estatal  
Sena Eta a

039

State House  
Cámara Estatal  
Lacham Eta a

113

County Commission  
Comisión del Condado  
Komisyon Konte

07

School Board  
Junta Escolar  
Asamblea Edikasyon

06

Community Council  
Consejo Comunitario  
Konsèy Kominotè

CG

Municipal | Municipal | Minisipal

MI02



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CITY CLERK  
CITY OF MIAMI, FL



**Miami-Dade Water and Sewer Department**  
**P O Box 026055**  
**Miami, FL 33102-6055**

Name: **MARC DAVID SARNOFF**  
 Account Number: 8689724200  
 Billing Date: 06/08/2006  
 Past Due Date: **06/29/2006**

Billing Inquiries (hours 8:00 - 7:00 PM) 305-665-7477  
 All Other Inquiries (hours 8:00 - 7:00 PM) 305-665-7488

**Messages**

*PAY your bill and VIEW your account on-line at [www.miamidade.gov](http://www.miamidade.gov). To PAY by phone, call 1-877-565-9300.*

*Want a FREE showerhead? Call 786-552-8955 or visit us online at <http://www.miamidade.gov/wasd/Showerhead-Program.asp> to find out how you can save money and conserve water by participating in WASD's Low-Flow Showerhead Exchange Program.*

**Account Summary**

Previous Balance	\$ 97.98
Current Charges	46.31
Adjustments	3.24
<b>Total Account Balance</b>	<b>\$ 147.53</b>

<b>Unpaid Balance - Due Immediately</b>	<b>97.98</b>
---	--------------

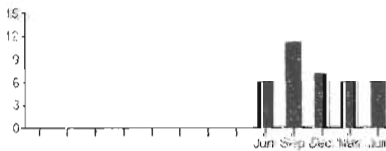
Meter Number	Service From	Service To	Days of Service	Prior Reading	Current Reading	Consumption
37683230	03/03/06	06/05/06	94	830	836	6 CCF

**Service Address: 3000 SHIPPING AVE**



**Water Charges**

Usage History



Water Charges	11.88
Hydrant Charge	2.40
<b>Water Charges Subtotal</b>	<b>\$ 14.28</b>

<b>Adjustments</b>	
Late Payment Fee	\$ 1.43

ENTERED

JUN - 9 2006

A/P T/S

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 2007 SEP 18 AM 10:38  
 PRISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL

21101486





Delivering Excellence Every Day

Miami-Dade Water and Sewer Department  
P O Box 026055  
Miami, FL 33102-6055

Name: **MARC DAVID SARNOFF**  
Account Number: 8689724200  
Billing Date: 09/11/2007  
Past Due Date: **10/02/2007**

Billing Inquiries (hours 8:00 – 7:00 PM) 305-665-7477  
All Other Inquiries (hours 8:00 – 7:00 PM) 305-665-7488

Messages

*PAY your bill and VIEW your account on-line at [www.miamidade.gov](http://www.miamidade.gov). To PAY by phone, call 1-877-565-9300.*

*You can now receive and pay your bill electronically! This new feature will allow you to view and print bills for 12 billing periods. It's free and easy to sign up. Go to <https://www.paymywasdbill.com/mdws> and sign up now!*

Account Summary

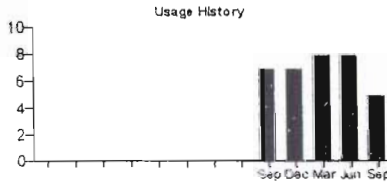
Previous Balance \$ 50.18  
Payment Received -50.18  
Current Charges 44.36  
**Total Account Balance \$ 44.36**

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
06/01/07	09/05/07	37683230	96	866	871	5	3740

Service Address: 3000 SHIPPING AVE



Water Charges



Water Charges 11.50  
Hydrant Charge 2.40  
**Water Charges Subtotal \$ 13.90**

ENTERED

SEP 12-2007

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Water Fees and Taxes

Excise Tax 1.15  
Utility Service Fee 0.86  
**Water Fees and Taxes Subtotal \$ 2.01**

11101328



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STREET ID: 107470 IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
3000 - 3048		SHIPPING	AV	0 EVEN

FACE:	E	PRIMARY ZONE:		EMPOWERMENT ZONE:	N
ZIP CODE:	331334522	SD1 ZONE:		LATIN QUATERS:	N
CENSUS TRACT:	7100	SD2 ZONE:		VOTING DISTRICT:	02
CENSUS BLOCK:	3006	DDRI ZONE:	N		
FIRE 901 ZONE:	0443	SEOPWDRI ZONE:	N		
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:	N		
NBHD CODE:	11	SCENIC CORRIDOR:	N		
SUB NBHD CODE:	01	PEDESTRIAN PATHWAY:	N		
SOLID WASTE ROUTE:	205	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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**CONCEALED WEAPON OR FIREARM LICENSE  
STATE OF FLORIDA**



SARNOFF, MARC D.  
3000 SHIPPING AVENUE  
MIAMI, FL 33133

BIRTH DATE	SEX	RACE
12/28/69	M	W
LICENSE NUMBER	ISSUED	EXPIRES
W 9318407	06/24/04	09/08/09

The above named individual is licensed by the Department of Agriculture & Consumer Services, Division of Licensing in accordance with Section 790.06, Florida Statutes.

*Charles H. Bronson*  
**CHARLES H. BRONSON  
COMMISSIONER**

*Copy*

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CITY OF MIAMI, FL



RE-ELECT MARC SARNOFF CAMPAIGN ACCOUNT

3225 AVIATION AVENUE SUITE 500  
MIAMI, FL 33133

1031

PAY TO THE ORDER OF

City of Miami

Six hundred eighty-two dollars

\$ 682.00

DATE

Sept. 17, 2007

63-1576-660



BISCAYNE BANK  
Coconut Grove, Florida 33133

FOR

Filing Fee District 2

⑆00103⑆ ⑆066015767⑆ ⑆00808⑆

*Marc Sarnoff*

MP

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CITY OF MIAMI, FL



City of Miami  
**OFFICIAL RECEIPT**

No. 324140  
Date: 9/18/07  
Sales Tax \$ 682.<sup>00</sup>  
Total \$ 682.<sup>00</sup>  
/100 Dollars

Received from: Mrs. D. Sampel  
Address: 3000 Shipping Ave

For: Qualifying Fee Dist's 2  
Reference No: Ch. # 1031 63-1576  
By: Priscilla A. Thompson  
Department: City Clerk's Office  
Division: \_\_\_\_\_

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

Candidate Qualification Checklist

**QUALIFYING A CANDIDATE**

Print Candidate Name

MARC SARNOFF

**DOCUMENT PRE-CHECK**

- Voter's Registration Card     Picture ID     Proof of Residency     Campaign Check (\$682)

**REQUIRED FORMS**

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 (Check for completeness, do not sign or notarize until end) —	<input checked="" type="checkbox"/>
4	Form 1 Statement of Financial Interests for prior year (Check completeness)	<input checked="" type="checkbox"/>
5	State Loyalty Oath	<input checked="" type="checkbox"/>

**OPTIONAL FORMS**

6	City Loyalty Oath (Notarize after checking for completeness)	<input checked="" type="checkbox"/>
7	County Ethics Declaration (Check for completeness)	<input checked="" type="checkbox"/>

**TO DO**

A	Make 1 copy of Voter's Registration, 3 Copies of Picture ID, 1 Copy of Proof of Residency and return originals to candidate.	<input checked="" type="checkbox"/>
B	Copy of Proof of residency for one year prior to qualifying and current time (i.e., copy of deed, mortgage, lease, utility bill, etc.) highlight significant dates	<input checked="" type="checkbox"/>
C	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. Highlight and Verify!	<input checked="" type="checkbox"/>
D	Copy of Drivers license or other picture ID Highlight name and address.	<input checked="" type="checkbox"/>
E	Copy of Voter's registration card - verify precinct, Highlight precinct, commission district and address	<input checked="" type="checkbox"/>
F	Check from campaign account (\$1,070 for mayor; \$682 for commissioner) made payable to City of Miami. Make 1 copy - put original in safe.	<input checked="" type="checkbox"/>
G	Write receipt for check. Make 1 copy, return original to candidate.	<input checked="" type="checkbox"/>
H	Make sure every blank is filled and all signatures required are executed. 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"/>

**ASSEMBLE DOCUMENTS**

I	Place Documents in following order: Appt of Treas, Statement of Candidate, Affidavit of Candidate, Form 1, State Loyalty Oath, City Loyalty Oath, Ethics Declaration, Copy of Voter's Registration, Copy of Proof of Residency, ARPS, Copy of Driver's License, Copy of Check, Copy of Receipt.	<input checked="" type="checkbox"/>
J	Time-stamp documents and make 2 sets of copies of all documents. Replace Copy of Driver's license with copy made in Step A. Candidate gets one copy of everything. Second set of copies are sent to Supervisor of Elections.	<input checked="" type="checkbox"/>
L	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"/>
M	Have candidate sign form, then make 2 copies	<input checked="" type="checkbox"/>

**CANDIDATE ACKNOWLEDGMENT OF RECEIPT**

N	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"/>
---	---	-------------------------------------

*[Handwritten Signature]*

9/18/09

Signature

Date