

AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT

I, Antonio Colmenares, a candidate for the office of Commissioner City of Miami Dist 3 do hereby certify, pursuant to Florida Statutes 99.0955 that I have been generally known by, or have used as part of my legal name, the adopted nickname Mico.

I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Antonio Colmenares
Signature of Affiant

984 NW 15th Ave

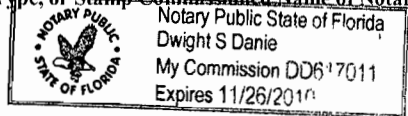
Miami FL 33125

Address of Affiant

Sworn to (or affirmed) and subscribed before me this 14 day of September, 2009

Dwight S. Danie
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



Personally Known _____ or Produced Identification

Type of Identification Produced: Dr. Danie's License
C455-006-60-214-0

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2009 SEP 14 PM 3:25

RISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

AFFIDAVIT OF CANDIDATE

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CITY OF MIAMI, FLORIDA

2009 SEP 14 PM 3: 25

FRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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

Antonio Colmenares (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Antonio Colmenares.

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 3 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. 543.

I presently reside at the following address (must include zip code):

904 NW 15TH AVE MIAMI FL 33125,
which is my legal address, and I have resided continually at said address from the 1ST day of JUNE 2009 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>820 NW 3rd St Miami FL 33128</u>	<u>JUNE 1ST 2008 - JUNE 1ST 2009</u>
<u>NAVAL AIR STATION PENSACOLA, FL</u>	<u>DEC 15th 2006 - MAY 18, 2008</u>
<u>OKINAWA JAPAN MCB CAMP BUTLER</u>	<u>NOV 15th 2004 - DEC 1ST, 2006</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 ^(EX) spouse resides at the following address: (must include city, state and zip code)

18924 NW 91ST AVE MIAMI FL 33016

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

18924 NN 91st Ave Miami FL 33016

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:

American Red Cross

335 SW 27th Ave Miami, FL 33135

10. Affiant's occupation: Director Brave Fund Program

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

9 MONTHS

(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).

U.S. Marine Corps 1978 - 2008

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:

820 NW 3rd St Miami FL 33128 (305) 984-7849

Affiant's campaign treasurer's name:

FAUSTO ALVAREZ

*Affiant's campaign treasurer's address:

2828 Coral Way Suite 300 Miami, FL 33145

Telephone numbers: (work)

305-442-1010

(home)

305-733-0082

*[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:

Antonio "Mico" Colmenares

SIGNED THIS 14 DAY OF September, 2007.


AFFIANT

BEFORE ME, the undersigned authority, personally appeared Antonio Colmenares, who, after 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

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SEP 14 PM 3:25
DORILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

(SEAL)

Did take an oath

Produced identification

Type of identification produced: DMV's License C455-006-46-214-D

FINANCIAL INTERESTS

RECEIVED

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

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Colmenares, Antonio

MAILING ADDRESS:

904 NW 15th Ave

CITY:

Miami

ZIP:

FL 33125 Miami-Dade

COUNTY:

NAME OF AGENCY:

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Commissioner City of Miami Dist 3

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:

SEP 14 PM 3:25

RISCELLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

ID No.

Conf. Code

P. Req. Code

****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, 2008 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
U.S. Marine Corps	Home Washington D.C.	Military Pay
U.S. Marine Corps (RET)	DFAS Cleveland, OH	Retired Military Pay

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]

1/4 Quarter Acre Parcel Houston TX

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
100 SHARES Hawaiian Airlines	PERSONAL stocks

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 RSC
 STATE OF FLORIDA
 THOMPSON

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Northern Trust Bank	700 Brickell Ave Miami FL 33131
USAA Credit Card	10750 Mcdermott Freeway San Antonio Tx 78288
OPTION ONE Mortgage	P.O. Box 44042 Jacksonville FL 32231

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			
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): Sep 14, 2009

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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OFFICE USE ONLY

2009 SEP 14 PM 3:26

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

STATE OF FLORIDA

Miami-Dade COUNTY

(PLEASE PRINT)

I,

<u>Antonio</u>	<u>—————</u>	<u>Colmenares</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, Antonio "Mico" Colmenares
(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, 3, —————
(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



[Handwritten Signature]
Signature of Candidate

904 NW 15th Ave
Mailing Address

305-984-7849
Day Phone

—————
Fax Number

Miami
City

FL
State

33125
Zip Code

Sep 14, 2009
Date Signed

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:

820 NW 3rd St Miami FL 33128 (305) 984-7849

Affiant's campaign treasurer's name:

FAUSTO ALVAREZ

*Affiant's campaign treasurer's address:

2828 Coral Way Suite 300 Miami, FL 33145

Telephone numbers: (work)

305-442-1010

(home)

305-733-0082

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

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Antonio "Mico" Colmenares

SIGNED THIS 14 DAY OF September, 2007.

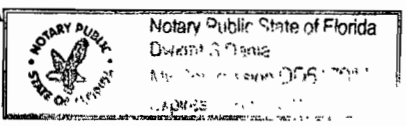
[Signature]
AFFIANT

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

[Signature]
CITY CLERK,
CITY OF MIAMI, FLORIDA

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SHELLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

(SEAL)



Did take an oath

Produced identification

Type of identification produced: DMV's License C455-006-66-214-0



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-VOTE F 305-499-8547
TTY: 305-499-8480

miamidade.gov

Date: 09/09/2009
Time: 3:53:36 PM

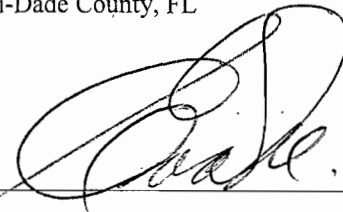
Miami-Dade County, FL

Lester Sola
Supervisor of Elections
Voter Registration Receipt

Regn Number / Número de Registración	110134480
Voter Name / Nombre de Votante	Colmenares SR, Antonio
Residence / Residencia	820 NW 3Rd ST Miami FL 33128
Mailing Address / Dirección de Correo	none
Voter Status / Estado del Votante	1(A) Active Voter
Birth Date / Fecha de Nacimiento	Jun/14/1960
Birth Place / Lugar del Nacimiento	CUBA
Sex / Sexo	M
Race / Raza	4
Party / Partido	REP
Precinct / Precinto	543 H U D 1407 NW 7 St H U D - Meeting Room
Registration Date / Fecha de Registración	Oct/03/2003
Assistance Required / Asistencia Requerida	N

*Witness my hand and official seal at Miami-Dade County, FL,
Firmo de mi puño y letra y estampo el sello oficial del Condado de Miami-Dade County, FL,
on Sep/09/2009 / este día Sep/09/2009*

Lester Sola
Supervisor of Elections
Miami-Dade County, FL

By: 

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RISCILLA A THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Delivering Excellence Every Day



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Bill Statement

RISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL



Customer Name: ANTONIO COLMENARES
Service Address: 904 NW 15TH AVE
FPL Account Number: 9486006134
Service Dates: 07/22/2009 to 08/20/2009
Statement Date: 08/20/2009
Next Scheduled Read Date: 09/21/2009

[+]
Rate this Page

Understanding Your Bill

The e-mail address we have for this account is
 ACOLMENARE@AOL.COM.
 Access e-mail update to make changes.

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Do not pay (=)	New charges due by
256.10	256.10CR	0.00	0.00	327.09	\$327.09	Sep 10 2009

Amount of your last bill 256.10
 Payment received - Thank you 256.10CR
 Balance before new charges \$0.00

New charges (Rate: RS-1 RESIDENTIAL SERVICE)

Electric service amount	289.49**	
On call credit	1.50CR	
Storm charge	1.08	
Gross receipts tax	7.41	
Franchise charge	13.34	
Utility tax	17.27	
Total new charges		\$327.09

Total amount you owe \$327.09

FPL Automatic Bill Pay - DO NOT PAY

- Payment received after September 10, 2009 is considered LATE; a late payment charge of 1.50% will apply and your account may be subject to an adjusted deposit billing.
- The amount due on your account will be drafted automatically on or after August 31, 2009. If a partial payment is received before this date, only the remaining balance due on your

account will be drafted automatically.

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Meter reading - meter 7C75421	
Current reading	14551
Previous reading	-11991

kWh used	2560
Energy usage	
kWh this month	2560
Service days	29
kWh/day	88

**The electric service amount includes the following charges:

Customer charge: \$5.33 per month

Fuel: \$152.59
 (First 1000 kWh at \$0.053510)
 (Over 1000 kWh at \$0.063510)

Non-fuel: \$131.57
 (First 1000 kWh at \$0.045110)
 (Over 1000 kWh at \$0.055420)

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.**

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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 with **FPL Budget Billing.**

The e-mail address we have for this account is ACOLMENARE@AOL.COM. Access **e-mail update** to make changes.

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

[+]
Rate this Page

[Access Another Account](#)

FPL Account Number: 9486006134

Date	Service Days	KWH Used	Debit Amount	Description of Charges
08/20/2009	29	2560	\$327.09	Electric Bill
07/22/2009	30	2034	\$256.10	Electric Bill
06/22/2009	20	980	\$113.21	Electric Bill
06/08/2009			\$14.88	Service Charge

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2009 SEP 14 PM 3:26

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Bill Statement



Customer Name: ANTONIO COLMENARES
Service Address: 820-NW-3RD ST # R
FPL Account Number: 3832261113
Service Dates: 07/29/2009 to 08/27/2009
Statement Date: 08/27/2009
Next Scheduled Read Date: 09/28/2009

[View Back of the Bill](#)

[View Bill Insert](#)

Understanding Your Bill

[Access Another Account](#)

The e-mail address we have for this account is
 ACOLMENARE@AOL.COM.
 Access **e-mail update** to make changes.

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
181.96	0.00	0.00	181.96	99.67	\$281.63	Sep 17 2009

[Pay Online](#)

Amount of your last bill 181.96
 Balance before new charges \$181.96*

*This \$181.96 is PAST DUE -- PLEASE PAY IMMEDIATELY

New charges (Rate: RS-1 RESIDENTIAL SERVICE)
 Electric service amount 85.09**
 Storm charge 0.33
 Gross receipts tax 2.19
 Franchise charge 3.94
 Utility tax 5.39
 Late payment charge 2.73
 Total new charges \$99.67
 Total amount you owe \$281.63

- Payment received after September 17, 2009 is considered LATE; a late payment charge of 1.50% will apply and your account may be subject to an adjusted deposit billing.
- This bill adjusts any difference between last month's estimated bill and your actual use. Your previous bill was estimated because a fence prevented access to the meter.

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 LISA A. THOMPSON
 CLERK
 CITY OF MIAMI, FL

Meter reading - meter 5C53430

Current reading	52491
Previous reading	-51694
<hr/>	
kWh used	797

Energy usage

	Last year	This year
kWh this month	759	797
Service days	29	29
kWh/day	26	27

**The electric service amount includes the following charges:

Customer charge: \$5.52 per month

Fuel: \$42.65
 (First 1000 kWh at \$0.053510)
 (Over 1000 kWh at \$0.063510)

Non-fuel: \$36.92
 (First 1000 kWh at \$0.046330)
 (Over 1000 kWh at \$0.057010)

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.**

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2009 SEP 14 PM 3: 27

RISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Payment / Credit History

If you are not already participating, we offer the following options to help you manage your FPL bill:

- **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.
- **FPL Budget Billing** will help make your home electric bill more predictable.

The e-mail address we have for this account is ACOLMENARE@AOL.COM. Access **e-mail update** to make changes.

Note: some miscellaneous credits may not be displayed.

[Access Another Account](#)

FPL Account Number:3832261113

Date	Amount	Description
09/01/2009	\$181.96	Payment
06/26/2009	\$75.29	Payment
05/22/2009	\$66.06	Payment
04/20/2009	\$51.74	Payment
04/07/2009	\$129.07	Payment
03/31/2009	\$0.42	Fuel Refund
03/09/2009	\$140.00	Payment
01/08/2009	\$213.14	Payment
12/29/2008	\$135.00	Deposit Ref/Red
12/05/2008	\$182.83	Payment
10/20/2008	\$260.00	Payment
10/20/2008	\$84.99	Payment
09/17/2008	\$201.66	Payment
08/04/2008	\$209.42	Payment
06/30/2008	\$129.38	Payment
04/21/2008	\$31.29	Payment
03/21/2008	\$48.15	Payment

02/21/2008	\$50.62	Payment
01/22/2008	\$54.73	Payment
12/19/2007	\$56.15	Payment
11/16/2007	\$73.71	Payment
10/18/2007	\$92.12	Payment
09/18/2007	\$94.54	Payment

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RECEIVED
 2009 SEP 14 PM 3:27
 KRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

STREET ID: 010500 IN USE: YES

--HOUSE RANGE-- QUAD NAME-- TYPE-- SIDE--
0800 0898 NW 3 ST 0 EVEN

FACE:	N	PRIMARY ZONE:	EMPOWERMENT ZONE:	N
ZIP CODE:	331281308	SD1 ZONE:	LATIN QUATERS:	N
CENSUS TRACT:	5202	SD2 ZONE:	VOTING-DISTRICT:	03
CENSUS BLOCK:	2000	DDRI ZONE:		N
FIRE 901 ZONE:	0654	SEOPWDRI ZONE:		N
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:		N
NBHD CODE:	13	SCENIC CORRIDOR:		N
SUB NBHD CODE:	02	PEDESTRIAN PATHWAY:		N
SOLID WASTE ROUTE:	115	OMNI TAX DISTRICT:		N
TRASH ROUTE:	00	DDA DISTRICT:		N
STREET CLEAN ROUTE:	000	CD TARGET AREA:		07

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

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CITY CLERK
CITY OF MIAMI, FL
ACTION XMIT

STREET ID: 039250 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--
0900 - 0948 NW 15 AV 0 EVEN

FACE:	E	PRIMARY ZONE:		EMPOWERMENT ZONE:	N
ZIP CODE:	331253626	SD1 ZONE:		LATIN QUATERS:	N
CENSUS TRACT:	5100	SD2 ZONE:		VOTING DISTRICT:	03
CENSUS BLOCK:	1008	DDRI ZONE:	N		
FIRE 901 ZONE:	0641	SEOPWDRI ZONE:	N		
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:	N		
NBHD CODE:	13	SCENIC CORRIDOR:	N		
SUB NBHD CODE:	02	PEDESTRIAN PATHWAY:	N		
SOLID WASTE ROUTE:	115	OMNI TAX DISTRICT:	N		
TRASH ROUTE:	00	DDA DISTRICT:	N		
STREET CLEAN ROUTE:	000	CD TARGET AREA:	07		

NEXT STREET:

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

ACTION: 01
XMIT:

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CITY OF MIAMI, FL

Florida *Sunshine State*
DRIVER LICENSE CLASS E
C455-000-60-214-0
ANTONIO COLMENARES
820 NW 3RD ST
MIAMI, FL 33128-0000
DOB: 06-14-1960 SEX: M HGT: 5-09
ISSUED: 12-12-2006
EXPIRES: 08-14-2015
REST: A
ENDORSE:
A710612120007 SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law

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CITY CLERK
CITY OF MIAMI, FL

1052

ANTONIO 'MICO' COLMENARES CAMPAIGN

2828 CORAL WAY, STE 300
MIAMI, FL 33145

City of Miami

PAY
TO THE
ORDER OF

DATE *sep 10, 2009*

63-1557/660
1003

\$1682.00

Six hundred & eighty two

DOLLARS



Great Florida Bank

1-866-514-6300
www.GreatFloridaBank.com

[Signature]

FOR

MP

⑆001052⑆ ⑆066015576⑆ 494000953⑆



City of Miami
OFFICIAL RECEIPT

No. 338929

Date: 09/14/09

\$ 682.⁰⁰ Sales Tax \$ - Total \$ 682.⁰⁰

Six hundred and eighty-two /100 Dollars

Received from: Antonio 'Mico' Colomares

Address: 2828 Coral Way, Ste. 300 Mia, FL 33145

For: Qualifying Fee Reference No: CK # 1052

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: M. Ewan

Department: City Clerk

Division:

C FN/TM 402 Rev. 03/03

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

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