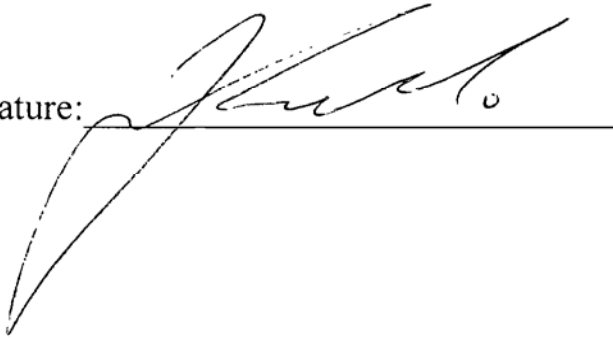


FRANK CAROLLO

**Address & Phone
Number confidential
Per Florida Statute
119.07**

RECEIVED
2008 JUL -7 PM 3:49
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Signature: _____



Date: _____

07/07/2008

RECEIVED

AFFIDAVIT OF CANDIDATE SEP 18 PM 5:27

CITY OF MIAMI, FLORIDA
DELLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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

Frank Carollo (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Frank Carollo.

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. 571.

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

[REDACTED],
which is my legal address, and I have resided continually at said address from the 1 day of December 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

[REDACTED]
[REDACTED]

For the Period

Aug. 2006 - Dec. 2006
July 2003 - Aug 2006

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)

[REDACTED]

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:

Morrison, Brown, Argiz + Farra, LLP

10. Affiant's occupation: CPA

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

Approx. 7 yrs

(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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2009 SEP 18 PM 5:27
RISCELLA A. THOMPSON
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:

P.O. Box 440722, Miami, FL 33144 305.442-7742

Affiant's campaign treasurer's name:

Jose Riesco

*Affiant's campaign treasurer's address:

95 Merrick Way, Coral Gables, FL 33134

Telephone numbers: (work) 305-445-0777

(home) N/A

*[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:

Frank Carollo

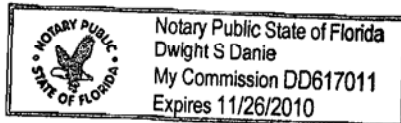
SIGNED THIS 18 DAY OF SEPTEMBER, 2009.

[Signature]
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Francis Carollo, who, after first 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

(SEAL)



 Did take an oath

Produced identification

Type of identification produced: Driver's License C640-259-70-096-0

RECEIVED
2009 SEP 18 PM 5:27
FRISCHILLI & ASSOCIATES
CITY CLERK
CITY OF MIAMI, FL

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME

Carollo, Frank

MAILING ADDRESS

P.O. Box 440722

Miami 33144 Miami-Dade

CITY ZIP COUNTY

City of Miami

NAME OF AGENCY

City of Miami Commissioner, District 3

NAME OF OFFICE OR POSITION HELD OR SOUGHT

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:

ID Code

ID No

Conf Code

P Req Code

2008 SEP 10 10 06 27
City of Miami

****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
Morrison, Brown, Argiz & Farra, LLP	1001 Brickell Bay Drive, 9th Floor	Public Accounting
Investment Property	Investment Property, Miami, FL 33155 Florida Statute Chapter 119.07 (3)(i)	Rental Property

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	N/A	N/A	N/A

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

Former Law Enforcement Officer	Florida Statute Chapter
Primary Residence, Miami, FL 33145	119.07 (3)(i) <input checked="" type="checkbox"/>
Investment Property, Miami, FL 33155	119.07 (3)(i)

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	N/A

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Washington Mutual/Chase	P.O. Box 78148, Phoenix, AZ 78148
EMC Mortgage	P.O. Box 293150, Lewisville, TX 75029

9/18/2009
 2:09 SEP 18 PM 5:27
 SCOTT A. THOMPSON
 CITY CLERK
 CITY OF PHOENIX, AZ

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

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

SIGNATURE (required):  DATE SIGNED (required): 9/18/2009

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

RECEIVED

2009 SEP 18 OFFICE USE ONLY

PRISCILLA A. THOMPSON
CITY CLERK
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, <u>Frank</u>	<u>X</u>	<u>Carollo</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)

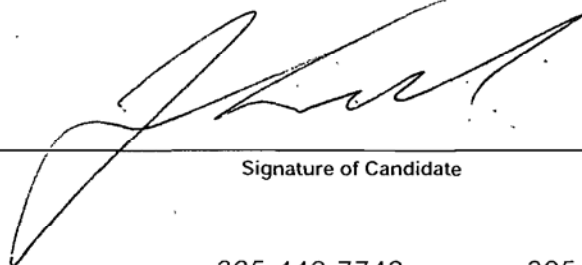
I, Frank Carollo
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of City of Miami, Commissioner , District 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

X 

Signature of Candidate

P.O. Box 440722 305-442-7742 305-442-7742
 Mailing Address Day Phone Fax Number

Miami FL 33144 9/18/2009
 City State Zip Code Date Signed

LOYALTY OATH

RECEIVED

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

2009 SEP 18 PM 5:27

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, FRANK X CAROLLO

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]
Signature of Candidate

OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

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

FRANK CAROLLO

(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 3; 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]
Signature of Candidate

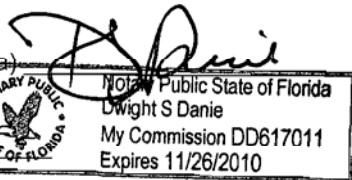
P.O. Box 440722
Address

MIAMI FL 33144
City State ZIP Code

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

and subscribe before me this 18 day of September, 2009.

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



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

Personally Known OR Produced Identification Type of Identification Produced Driver's License C640-259-70-096-0



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

/ 27

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 \$ _____

B 2,4,6,7,8 8510 4



#BUND INO *** AUTO **CO 4520
056720

FRANK X CAROLLO
MIAMI FL 33145-1649

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

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001



Budget	Account number	Total amount you owe	New charges due by	Amount enclosed
Offer		\$249.78	Sep 03 2009	\$

Your electric statement

Account number: [REDACTED]

For: Jul 15 2009 to Aug 13 2009 (29 days)
Customer name: FRANK X CAROLLO
Service address: [REDACTED]

Statement date: Aug 13 2009
Next meter reading: Sep 14 2009

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
211.30	214.47 CR	0.00	3.17 CR	252.95	\$249.78	Sep 03 2009

Meter reading - Meter 5C86971

Current reading 53015
Previous reading - 51041
kWh used 1974

Energy usage	Last Year	This Year
kWh this month	1660	1974
Service days	29	29
kWh per day	57	68

**The electric service amount includes the following charges:

Customer charge: \$5.33
Fuel: \$115.37
(First 1000 kWh at \$0.053510)
(Over 1000 kWh at \$0.063510)
Non-fuel: \$99.10
(First 1000 kWh at \$0.045110)
(Over 1000 kWh at \$0.05420)

Auto-enroll now in Budget Bill by paying \$150.39 in 1 payment by the due date instead of \$252.95
Your bill will be about the same each month & stabilized year-round. Learn more details at www.FPL.com/resbb.

Amount of your last bill	211.30
Payment received - Thank you	214.47 CR
Balance before new charges	\$3.17 CR
New charges (Rate: RS-1 RESIDENTIAL SERVICE)	
Electric service amount	219.80**
Storm charge	0.83
Gross receipts tax	5.66
Franchise charge	10.18
Utility tax	13.31
Late payment charge	3.17
Total new charges	\$252.95

Total amount you owe \$249.78

- Payment received after **September 03, 2009** is considered **LATE**; a late payment charge of **1.50%** will apply and your account may be subject to an adjusted deposit billing.

2009 SEP 18 PM 5:27
 RECEIVED
 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: 1-800-4OUTAGE (468-8243)
Hearing/speech impaired: 711 (Relay Service)
Online at: www.FPL.com



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

/ 27

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 \$ _____

B 2,4,6,7,8 8510 1

#BWND JNO *** AUTO **CO 4520
FRANK X CAROLLO 057991
MIAMI FL 33145-1649

2490831

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

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

Budget	Account number	Total amount you owe	New charges due by	Amount enclosed
Offer		\$215.27	Sep 03 2008	\$

Your electric statement

Account number: [REDACTED]

For: Jul 15 2008 to Aug 13 2008 (29 days)
Customer name: FRANK X CAROLLO
Service address: [REDACTED]

Statement date: Aug 13 2008
Next meter reading: Sep 12 2008

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
204.23	204.23 CR	0.00	0.00	215.27	\$215.27	Sep 03 2008

Meter reading - Meter 5C86971

Current reading 38667
Previous reading - 37007
kWh used 1660

Energy usage	Last Year	This Year
kWh this month	1720	1660
Service days	29	29
kWh per day	59	57

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

Customer charge: \$5.34
Fuel: \$106.55
(First 1000 kWh at \$0.060210)
(Over 1000 kWh at \$0.070210)
Non-fuel: \$75.43
(First 1000 kWh at \$0.041340)
(Over 1000 kWh at \$0.051660)

Auto-enroll now in Budget Bill by paying \$138.47 in 1 payment by the due date instead of \$215.27
Your bill will be about the same each month & stabilized year-round. Learn more details at www.FPL.com/resbb.

Amount of your last bill	204.23
Payment received - Thank you	204.23 CR
Balance before new charges	\$0.00
New charges (Rate: RS-1 RESIDENTIAL SERVICE)	
Electric service amount	187.32**
Storm charge	1.84
Gross receipts tax	4.85
Franchise charge	10.48
Utility tax	10.78
Total new charges	\$215.27
Total amount you owe	\$215.27

- A late payment charge of 1.50% will apply if not paid by September 03, 2008, and your account may be subject to being billed an additional deposit.
- Would you like one less bill to think about & help the environment too? Enroll in FPL Automatic Bill Pay & your bill is always paid on time. Save time, postage, check writing & paper. Plus, cut fuel consumption of cars & trucks that transport checks. Enroll at FPL.com or see authorization form in this bill.

2009 SEP 18 PM 5:27

2009 SEP 18 PM 5:27



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: 1-800-4OUTAGE (468-8243)
Hearing/speech impaired: 711 (Relay Service)
Online at: www.FPL.com

STIN

ARPS PROPERTY SYSTEM - STREET INQUIRY

(13)

STREET ID: [REDACTED] IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

FACE:	N	PRIMARY ZONE:	EMPOWERMENT ZONE:	N
ZIP CODE:	331 [REDACTED]	SD1 ZONE:	LATIN QUATERS:	N
CENSUS TRACT:	[REDACTED]	SD2 ZONE:	VOTING DISTRICT:	04
CENSUS BLOCK:	[REDACTED]	DDRI ZONE:		N
FIRE 901 ZONE:	[REDACTED]	SEOPWDRI ZONE:		N
FIRE SFBC ZONE:	[REDACTED]	HIST PRESVN DIST:		N
NBHD CODE:	[REDACTED]	SCENIC CORRIDOR:		N
SUB NBHD CODE:	[REDACTED]	PEDESTRIAN PATHWAY:		N
SOLID WASTE ROUTE:	[REDACTED]	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:

RECEIVED
2009 SEP 18 PM 5:27
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

RECEIVED

2009 SEP 10 PM 5:28

FRANCIS XAVIER CAROLLO
MIAMI, FL



Florida *The Sunshine State*
DRIVER LICENSE CLASS E
C640-259-70-096-0
FRANCIS XAVIER
CAROLLO
MIAMI, FL 33145-0000
DOB: 03-16-1970 SEX: M
ISSUED: 09-13-2009
EXPIRES: 03-16-2018
RESTRICTIONS:
ENDORSEMENTS:
SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law

CAMPAIGN ACCOUNT OF FRANK CAROLLO

1060

P.O. BOX 440722
MIAMI, FL 33144

DATE 9/18/2009

63-8376/2670
115

PAY TO THE ORDER OF City of Miami

\$ 682 ⁰⁰/₁₀₀


- Six Hundred, Eighty Two and 00/100

DOLLARS  Security Features: Details on Back



Brickell Office #115
1101 Brickell Avenue
Miami, FL 33131
1-888-7-DAY-BANK

FOR Qualifying fee

Monica Martinez 

⑈001060⑈ ⑆267083763⑆ 0061799928⑈

2009 SEP 18 PM 5:28
CITY OF MIAMI FL



City of Miami
OFFICIAL RECEIPT

No. 338943

\$ 682.⁰⁰ Sales Tax \$ — Total \$ 682.⁰⁰ Date: 09/18/09
Six hundred and eighty two ⁰⁰ /100 Dollars

Received from: Campaign Account of Frank Carello

Address: P.O. Box 440122 Miami, FL 33144

For: Qualifying Fee Reference No: ck#1060

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: N. Ewan
Department: City Clerk
Division: _____

C FN/TM 402 Rev 03/03

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

RECEIVED
2009 SEP 18 PM 5:28
CITY CLERK

AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT

I, FRANCIS X. CAROLLO, a candidate for the office of CITY OF MIAMI COMMISSIONER, 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 FRANK CAROLLO.

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

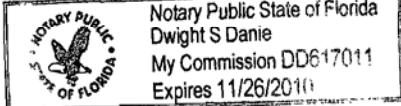
[Signature]
Signature of Affiant
P.O. Box 440722

MIAMI, FL 33144
Address of Affiant

Sworn to (or affirmed) and subscribed before me this 18 day of September, 2009

[Signature]
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: Dian's Loan
C 640-259-70-096-0

2009 SEP 10 PM 03:28
11
11