

RECEIVED

AFFIDAVIT OF CANDIDATE

2009 SEP 10 PM 3:25

CITY OF MIAMI, FLORIDA

FRISCHMILLER, JEFFERSON  
CITY OF MIAMI, FL

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

Guillermo Manuel Chacon (hereinafter "affiant"), being first duly sworn, deposes and says:

- 1. My name is Guillermo Manuel Chacon.
- 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. 567.

I presently reside at the following address (must include zip code):  
2410 SW 7th Avenue Miami, FL. 33129,  
which is my legal address, and I have resided continually at said address from the 1 day of March 2008 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 5998 SW 47 Street Miami, FL. 33155	For the Period March 1st 2007 to February 2008
2456 SW 31 Ave Miami, FL. 33145	April 3rd 1995 to February 2007

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)

2410 SW 7th Avenue Miami, FL. 33129

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

2410 SW 7th Avenue Miami, FL. 33129

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:

South Florida Sports League Inc.

2520 Coral Way Suite:2309 Miami, FL. 33145

10. Affiant's occupation: Executive Director

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

7 years From April 1st 2002 to Present

(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.

RECEIVED  
2009 SEP 19 PM 3:22  
RISCELLA VETERANS  
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:

2410 SW 7th Avenue Miami, FL.33129

Affiant's campaign treasurer's name:

Irene S. Salum

\*Affiant's campaign treasurer's address:

7700 N. Kendall Drive #200 Miami, FL. 33156

Telephone numbers: (work) 305-274-1366

(home) 305-790-4552

2009 SEP 10 PM 3:26  
MISCELLANEOUS PERSON  
CITY OF MIAMI, FL

\*[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:  
Guillermo "Willie" Chacon

SIGNED THIS 18 DAY OF September, 2009.

[Signature]  
AFFIANT

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

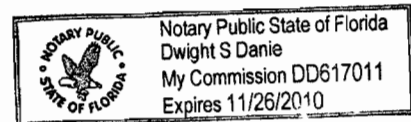
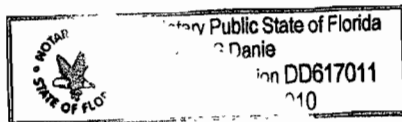
[Signature]  
for  
CITY CLERK  
CITY OF MIAMI, FLORIDA

(SEAL)

         Did take an oath

Produced identification

Type of identification produced: Driver's License C350-293-65-092-0



**FINANCIAL INTERESTS**

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
Chacon Guillermo Manuel

MAILING ADDRESS  
2410 SW 7th. Avenue

CITY : ZIP : COUNTY :  
MIAMI 33129 MIAMI-DADE

NAME OF AGENCY :  
City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
City of Miami Commissioner District #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:

ID Code

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
South Florida Sports League Inc.	2520 Coral Way Suite: 2309 Miami, FL. 33145	Non-Profit organization that runs youth and Adult Sports Program

**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]

N/A

**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	

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Midland Credit	8875 Aero Drive San Diego CA. 92123
Central Financial	PO BOX 66051 Anaheim CA 92816

RECEIVED  
 2009 SEP 18 PM 3:26  
 PRISCILLA A. THOMPSON  
 COUNTY CLERK  
 CITY OF MIAMI, FL

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	South Florida Sports League Inc.		
ADDRESS OF BUSINESS ENTITY	2520 Coral Way Suite: 2309		
PRINCIPAL BUSINESS ACTIVITY	Non-Profit organization youth and Adult Sports Program		
POSITION HELD WITH ENTITY	Executive Director		
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): 9/18/09

**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)

OFFICE USE ONLY  
2009 SEP 18 PM 3:26  
PRISCILLA WILKINSON  
CITY OF MIAMI, FL

STATE OF FLORIDA Miami-Dade COUNTY

(PLEASE PRINT)

I, Guillermo Manuel Chacon  
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)

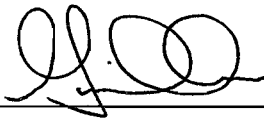
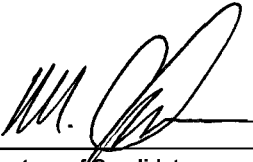
I, Guillermo "Willie" Chacon  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

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**

   
Signature of Candidate

2410 SW 7th Avenue 786-210-7375 786-294-0252  
Mailing Address Day Phone Fax Number

Miami FL 33129 09/18/09  
City State Zip Code Date Signed

LOYALTY OATH

RECEIVED

2009 SEP 18 PH 3:26

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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

(Please Print)

I, Guillermo

M.

Chacon

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.

*[Handwritten Signature]*  
Signature of Candidate

OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

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

Guillermo "Willie" Chacon

(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.

*[Handwritten Signature]*  
Signature of Candidate

2410 SW 7th Avenue

Address

Miami, FL. 33129

City State ZIP Code

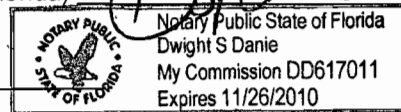
The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribe before me this 18<sup>th</sup> day of September, 2009.

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

*[Handwritten Signature]*

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



Personally Known OR Produced Identification Type of Identification Produced Dwight S Danie C-250-293-65-092-0

2008 SEP 10 P. 01:26



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

**CHACON, GUILLERMO MANUEL**  
2410 SW 7TH AVE  
MIAMI FL 33129

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

ISSUED  
ENPRIME

04/01/08

**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.**  
Núm. de inskripsyon  
**Nim. Enskripsyon**

109203104

**Identification Data**  
Datos de identificación  
**Enfo. Idantifikasyon**

03/12/65

**Precinct No.**  
Núm. de precinto  
**Nim. Biwo Vòt**

567

**Registration Date**  
Fecha de inscripción  
**Dat Enskripsyon**

04/06/83

**Party Affiliation**  
Afiliação partidista  
**Pati Politik**

REP

**Polling Place** | Centro de votación | **Lokal Biwo Vòt**

**SIMPSON PARK RECREATION BLDG**  
55 SW 17 RD

**Lester Sola**

Supervisor of Elections | Supervisor de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below  
Pou reyòlè ki nan distrik yo ki listé nan sa a  
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**

036

**State House**  
Cámara Estatal  
**Lacham Eta a**

107

**County Commission**  
Comisión del Condado  
**Komisyon Konte**

05

**School Board**  
Junta Escolar  
**Asanble Edikasyon**

06

**Community Council**  
Consejo Comunitario  
**Konsèy Kominotè**

**Municipal** | **Minisipal**

M103





Florida Power & Light Company P.O. Box 025576, Miami, FL 33102-5576



**FPL**

POWERING TODAY  
EMPOWERING TOMORROW<sup>®</sup>

September 18, 2009

GUILLERMO M CHACON  
2410 SW 7TH AVE  
MIAMI FL 33129

Re: BILL ACCOUNT #: 8-~~XXXXXXXXXX~~  
2410 SW 7TH AVE  
MIAMI FL 33129

Dear Guillermo M. Chacon:

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

Our records indicate that the account at 2410 SW 7TH AVE, MIAMI, FL 33129 is currently under the name of GUILLERMO M CHACON. This account was established on March 1, 2008.

Should you have any questions regarding this matter, please do not hesitate to contact us at 305-442-8770.

Sincerely,

Mr. Abad  
FPL Customer Care Center

2009 SEP 18 PM 3:26  
CIC DESK  
MIAMI FL



2009 SEP 10 PM 5:26

# Bill Statement



Customer Name: GUILLERMO M CHACON  
 Service Address: 2410 SW 7TH AVE  
 FPL Account Number: ~~873716525~~  
 Service Dates: 07/24/2009 to 08/24/2009  
 Statement Date: 08/24/2009  
 Next Scheduled Read Date: 09/23/2009

[Previous Bills](#)

## Understanding Your Bill

The e-mail address we have for this account is  
 At ~~XXXXXXXXXXXX@XXXXXXXXXX~~  
 Access e-mail update to make changes.

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount Do not pay (=)	New charges due by
173.65	173.65CR	0.00	0.00	175.27	\$175.27	Sep 14 2009

Amount of your last bill	173.65
Payment received - Thank you	173.65CR
Balance before new charges	\$0.00

New charges (Rate: RS-1 RESIDENTIAL SERVICE )

Electric service amount	198.85**	
Storm charge	0.75	
Gross receipts tax	5.12	
Franchise charge	9.21	
Utility tax	12.07	
Actual electric charges	226.00	
FPL budget billing charges		175.27

Total amount you owe \$175.27

FPL Automatic Bill Pay - DO NOT PAY

- Payment received after September 14, 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 September 04, 2009. If a partial payment is received before this date, only the remaining balance due on your account will be drafted automatically.

Meter reading - meter 2C17904  
 Current reading 13951  
 Previous reading -12153

kWh used 1798

Energy usage

	Last year	This year
kWh this month	1764	1798
Service days	29	31
kWh/day	61	58

\*\*The electric service amount includes the following charges:  
 Customer charge: \$5.33 per month

Fuel: \$104.19  
 (First 1000 kWh at \$0.053510)  
 (Over 1000 kWh at \$0.063510)

Non-fuel: \$89.33  
 (First 1000 kWh at \$0.045110)  
 (Over 1000 kWh at \$0.055420)

FPL Budget Billing Deferred Balance  
 \$40.28

PRISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL

2009 SEP 16 PM 3:26

RECEIVED

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.**

Bill at a Glance

2009 SEP 13 Fri 3:26 New Window | Help | Customize Page | Help

Bill at a Glance

Account **247055000** Cur Bal \$0.00 Customer **CHACON, GUILLERMO M**

Premise **2410 SW 7TH AVE MIAMI FL 33129-1945, Residence**

Bill Summary

Bill Date 10/14/2008 Due 11/04/2008

Previous Period's Balance	\$130.63
Total Payments	\$-130.63
Total Adjustments	\$0.00
Service	\$0.00

Location 2410 SW 7TH AVE MIAMI FL 33129-1945, Residence

Service FEES AND TAXES WATER

Period From 07/08/2008 To 10/08/2008

Bill Calculation

Water Fees and Taxes	\$3.21	R
Line Item Detail		
Excise Tax	\$1.84	
Utility Service Fee	\$1.37	

Meter Read Details

Badge Nbr		Read Type	Regular
End Read	10/08/2008 9:26AM	245.000000	
Start Read	07/08/2008 12:25PM	228.000000	
Measured Qty	CFW	17.000000	Meter Multiplier 1.000000

Location 2410 SW 7TH AVE MIAMI FL 33129-1945, Residence

Service FEES & TAXES WASTEWATER

Period From 07/08/2008 To 10/08/2008

Bill Calculation

Sewer Fees and Taxes	\$2.75	R
Line Item Detail		
Utility Service Fee	\$2.75	

Meter Read Details

Badge Nbr		Read Type	Regular
End Read	10/08/2008 9:26AM	245.000000	
Start Read	07/08/2008 12:25PM	228.000000	
Measured Qty	CFW	17.000000	Meter Multiplier 1.000000

Bill at a Glance

Page 2 of 3

RECEIVED

2009 SEP 18 PM 3:26

Location 2410 SW 7TH AVE MIAMI FL 33129-1945, Residence  
 Service STORMWATER  
 Period From 07/08/2008 To 10/08/2008

Bill Calculation

Stormwater Charge	\$10.50	R
Line Item Detail		
Stormwater Charge	\$10.50	

Meter Read Details

Badge Nbr		Read Type	Regular
End Read	10/08/2008 9:26AM	245.000000	
Start Read	07/08/2008 12:25PM	228.000000	
Measured Qty	CFW	17.000000	Meter Multiplier 1.000000

Location 2410 SW 7TH AVE MIAMI FL 33129-1945, Residence  
 Service WATER RESIDENTIAL  
 Period From 07/08/2008 To 10/08/2008

Bill Calculation

Water Charges	\$20.75	R
Line Item Detail		
Water Charges	\$18.35	
Hydrant Charge	\$2.40	

Meter Read Details

Badge Nbr		Read Type	Regular
End Read	10/08/2008 9:26AM	245.000000	
Start Read	07/08/2008 12:25PM	228.000000	
Measured Qty	CFW	17.000000	Meter Multiplier 1.000000

Location 2410 SW 7TH AVE MIAMI FL 33129-1945, Residence  
 Service WASTEWATER RESIDENTIAL  
 Period From 07/08/2008 To 10/08/2008

Bill Calculation

Sewer Charges	\$36.67	R
Line Item Detail		
Sewer Charges	\$36.67	

Meter Read Details

Badge Nbr		Read Type	Regular
End Read	10/08/2008 9:26AM	245.000000	
Start Read	07/08/2008 12:25PM	228.000000	
Measured Qty	CFW	17.000000	Meter Multiplier 1.000000

Messages

STIN

ARPS PROPERTY SYSTEM - STREET INQUIRY

(13)

STREET ID: 021820 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE SIDE--  
2400 2498 SW -7 - AV -0- EVEN

FACE:	E	PRIMARY ZONE:	EMPOWERMENT ZONE:	N
ZIP CODE:	331291945	SD1 ZONE:	LATIN QUATERS:	N
CENSUS TRACT:	6601	SD2 ZONE:	VOTING DISTRICT:	03
CENSUS BLOCK:	6003	DDRI ZONE:		
FIRE 901 ZONE:	0292	SEOPWDRI ZONE:		
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:		
NBHD CODE:	10	SCENIC CORRIDOR:		
SUB NBHD CODE:	03	PEDESTRIAN PATHWAY:		
SOLID WASTE ROUTE:	218	OMNI TAX DISTRICT:		
TRASH ROUTE:	00	DDA DISTRICT:		
STREET CLEAN ROUTE:	000	CD TARGET AREA:		00

NEXT STREET:

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

PRISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL

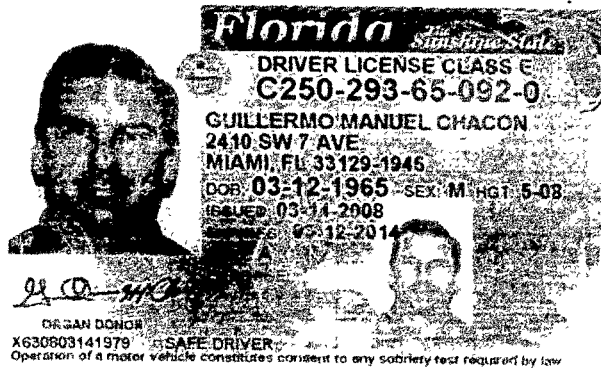
2009 SEP 18 PM 3:27

RECEIVED

RECEIVED

2009 SEP 18 PM 3:27

PRISCILLA JOHNSON  
CITY CLERK  
CITY OF MIAMI, FL



**Florida** *Sunshine State*  
DRIVER LICENSE CLASS E  
C250-293-65-092-0  
GUILLERMO MANUEL CHACON  
2410 SW 7 AVE  
MIAMI, FL 33129-1946  
DOB: 03-12-1965 - SEX: M - HGT: 5-08  
ISSUED: 03-14-2008  
EXPIRES: 03-12-2014

ORGAN DONOR  
SAFE DRIVER  
X630603141979

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

RECEIVED

2009 SEP 18 PM 3:27

MIAMI, FL 33129

CAMPAIGN TO ELECT  
GUILLERMO 'WILLIE' CHACON  
FOR CITY OF MIAMI COMMISSIONER

1010

2410 SW 7TH AVE  
MIAMI, FL 33129

DATE SEPT 18, 2009

63-945/660  
0

BY THE  
ORDER OF

CITY OF MIAMI

\$ 682.00

SIX HUNDRED EIGHTY TWO

DOLLARS



Security  
Features  
Details on  
Back



Continental National Bank of Miami  
Main Office  
1801 S.W. 1st Street  
Miami, Florida 33135

FOR CANDIDATE QUALIFICATION

[Signature]

MP

⑈001010⑈ ⑆066009456⑆ ⑆00096350⑈



RECEIVED

2009 SEP 18 PM 3: 27

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL



City of Miami  
OFFICIAL RECEIPT

No. 338941

\$ 682 Sales Tax \$ Total \$ 682

Date: 9/18/09

Six Hundred Eighty Two + 00/100 /100 Dollars

Received from: Walter no Willie Chasin

Address: 2410 SW 7th Ave Miami FL 33129

For: Candidate Reference No: Check 1010

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: Doris S. Dupre  
Department: C. of Clerk  
Division: Electron

C FN/TM 402 Rev 03/03

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

**AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT**

I, Guillermo MANUEL Chacon, a candidate for the office of City of Miami Commission #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 Willie.

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  
2410 SW 7AVE

Miami FL 33129  
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 Notary Public State of Florida  
Dwight S Danie  
My Commission DD617011  
Expires 11/26/2010

Personally Known \_\_\_\_\_ or Produced Identification

Type of Identification Produced: Dwight's License  
C250-293-65-092-0

RECEIVED  
2009 SEP 18 PM 3:37  
BRISCELLA A THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL