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2009 SEP -2 AM 9:51
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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

miamidade.gov

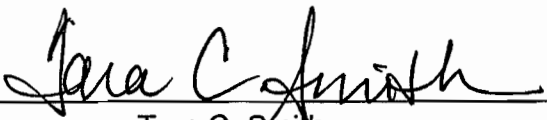
CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Tara C. Smith, Chief Deputy Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 317 signatures submitted by Mavel Lopez for the office of Commissioner - District 3 in the City of Miami matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 28th DAY OF
AUGUST 2009


Tara C. Smith
Chief Deputy Supervisor of Elections
Miami-Dade County

Mavel Lopez

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AFFIDAVIT OF CANDIDATE 2008 SEP 18 PM 2:20

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

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

Mavel Lopez (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Mavel Lopez.

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. 524.

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

3000 SW 3rd Ave #704 Miami, FL 33129, which is my legal address, and I have resided continually at said address from the 1 day of Aug 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
7831 SW 162 Ct.
Miami, FL 33193

For the Period
@ 8 years.

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)

N/A

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CITY CLERK
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:

Mavel Carpet & Tile Inc.
2213 NW 26th Ave Miami, FL 33142

10. Affiant's occupation: President - Flooring Distributor

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

Since Feb 28, 2003

(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.

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:

1930 SW 8th Miami, FL 33135

Affiant's campaign treasurer's name:

Jose Baz

*Affiant's campaign treasurer's address:

2725 SW 102 Ave Miami, FL 33165

Telephone numbers: (cell) 1-954-309-6466

(home) _____

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CITY CLERK
CITY OF MIAMI, FL

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*[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:

Mavel Lopez

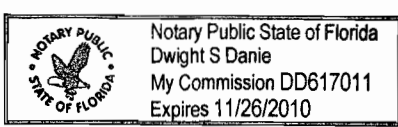
SIGNED THIS 18 DAY OF September 2009

Mavel Lopez
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Mavel Lopez, who, after first being duly sworn, deposes and states that she executed the foregoing to the best of her knowledge and belief.

D. S. Danie
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



_____ Did take an oath

Produced identification

Type of identification produced: Driver's License L120-540-55-757-1

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Lopez Mavel

MAILING ADDRESS :

3000 SW 3rd Ave # 704

Miami FL 33129

CITY : ZIP : COUNTY

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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

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CITY CLERK
CITY OF MIAMI, FL

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
Mavel Carpet & Tile	8213 NW 26 th Ave Miami FL 33142	President - Flooring Distributor

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]

801 Bureale Rd. #E-7 Myrtle Beach, SC 29579
 7831 SW 16th Ct Miami FL 33193
 2453 Farmwood Circle Conway, SC 29527
 10859 NW 7th St Apt #23 Miami FL 33172
 4855 NW 7th St Apt #206 Miami FL 33125
 2160 & 2162 NW 22nd Ct. Miami, FL 33142

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
SUNTRUST BANK	Mavel Lopez
New York life	Mavel Lopez
Mass Mutual Financial Group	Mavel Lopez

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
SUNTRUST BANK	14965 SW 104 St. Miami, FL 33186

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	Mavel Lopez + Tile Inc.		
ADDRESS OF BUSINESS ENTITY	2213 NW 66th Ave		
PRINCIPAL BUSINESS ACTIVITY	Flooring		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 2009 SEP 18
 CLERK
 CITY OF MIAMI

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.

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2009 OFFICE USE ONLY
SEP 18 PM 2:21

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>Mavel</u>	<u>[initials]</u>	<u>Lopez</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, Mavel Lopez

(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

[initials] 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



Mavel Lopez
Signature of Candidate

3000 SW 3rd Ave # 704 305-634-0030/305-634-4003

Miami FL 33129 9/18/2009

LOYALTY OATH

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

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, Mavel _____ — _____ Lopez _____
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.

Mavel Lopez
Signature of Candidate

OATH OF CANDIDATE
OFFICE OF CITY OF MIAMI COMMISSIONER

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

Mavel Lopez
(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.

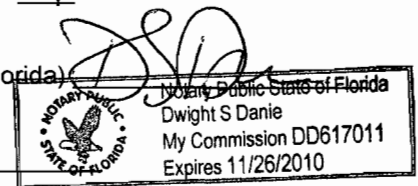
Mavel Lopez
Signature of Candidate
3000 SW 3rd AVE # 704
Address
Miami, FL 33129
City State ZIP Code

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

and subscribe before me this 18 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 420-540-55-757-1

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 FRISCH... SIMPSON
 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

Mavel Lopez
 3000 SW 3Rd AVE #704
 Miami FL 33129

ISSUED
 EMITIDA
 ENPRIME
 08/12/08

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 inscripción
 Nim. Enskripsyon
 109260056

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
 Simpson Park Recreation Building
 55 SW 17 Road

Precinct No. Núm. del recinto Nim. Biwo Vòt	Identification Data Datos de identificación Enfo. Idantifikasyon	Registration Date Fecha de inscripción Dat Enskripsyon
524	7/17/1955	8/5/1985

Party Affiliation | Afiliación partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

555 W 17RD

Lester Sola
 Supervisor of Elections | Supervisor de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below
 Ud puede votar por 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	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lacham Eta a
18	36	107

County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asamble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
5	6	0

Municipality | Municipalidad | Minisipalite
 MIAMI



For: Aug 22 2008 to Sep 23 2008 (32 days)
 Customer name: MAVEL LOPEZ
 Service address: 3000 SW 3RD AVE APT 704

Statement date: - Sep 23 2008
 Next meter reading: Oct 22 2008

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
60.98	60.98 CR	0.00	0.00	88.36	\$88.36	Oct 14 2008

Meter reading - Meter 7E22343

Current reading 31584
 Previous reading - 30881
 kWh used **703**

Energy usage

kWh this month 703
 Service days 32
 kWh per day 22

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

Customer charge: \$5.34
 Fuel: \$42.33
 (First 1000 kWh at \$0.060210)
 (Over 1000 kWh at \$0.070210)
 Non-fuel: \$29.06
 (First 1000 kWh at \$0.041340)
 (Over 1000 kWh at \$0.051660)

Amount of your last bill 60.98
 Payment received - Thank you 60.98 CR
 Balance before new charges \$0.00

New charges (Rate: RS-1 RESIDENTIAL SERVICE)

Electric service amount 76.73**
 Storm charge 0.78
 Gross receipts tax 1.99
 Franchise charge 4.29
 Utility tax 4.57
 Total new charges \$88.36

Total amount you owe \$88.36

*A late payment charge of 1.50% will apply if not paid by October 14, 2008, and your account may be subject to being billed an additional deposit.

2009 SEP 18 PM 2:21
 CITY OF MIAMI
 CITY OF MIAMI

*Paid 9/24/08
 CH# 1380*



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)

For: Jul 24 2009 to Aug 24 2009 (31 days)
 Customer name: MAVEL LOPEZ
 Service address: 3000 SW 3RD AVE APT 704

Statement date: Aug 24 2009
 Next meter reading: Sep 23 2009

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
116.98	116.98 CR	0.00	0.00	140.87	\$140.87	Sep 14 2009

Meter reading - Meter 7E22343

Current reading 38628
 Previous reading - 37461
 kWh used 1167

Energy usage

kWh this month 1167
 Service days 31
 kWh per day 38

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

Customer charge: \$5.33
 Fuel: \$64.12
 (First 1000 kWh at \$0.053510)
 (Over 1000 kWh at \$0.063510)
 Non-fuel: \$54.37
 (First 1000 kWh at \$0.045110)
 (Over 1000 kWh at \$0.055420)

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 RISCAL
 CITY OF MIAMI

Auto-enroll now in Budget Bill by paying \$80.31 in 1 payment by the due date instead of \$140.87
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	116.98
Payment received - Thank you	116.98 CR
Balance before new charges	\$0.00

New charges (Rate: RS-1 RESIDENTIAL SERVICE)

Electric service amount	123.82**
Storm charge	0.49
Gross receipts tax	3.19
Franchise charge	5.74
Utility tax	7.63
Total new charges	\$140.87

Total amount you owe \$140.87

- 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.

Out 1687
9/1/09



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)

STIN

ARPS PROPERTY SYSTEM - STREET INQUIRY

(13)

STREET ID: 009970 IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
3000 - 3098	SW 3		AV	0 EVEN

FACE:	E	PRIMARY ZONE:	EMPOWERMENT ZONE:	N
ZIP CODE:	331292710	SD1 ZONE:	LATIN QUATERS:	N
CENSUS TRACT:	6702	SD2 ZONE:	VOTING DISTRICT:	03
CENSUS BLOCK:	4005	DDRI ZONE:		
FIRE 901 ZONE:	0294	SEOPWDRI ZONE:		
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:		
NBHD CODE:	10	SCENIC CORRIDOR:		
SUB NBHD CODE:	03	PEDESTRIAN PATHWAY:		
SOLID WASTE ROUTE:	223	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:

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PRISCILLA A THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Florida *The Sunshine State*
DRIVER LICENSE CLASS E
L120-540-55-757-1
MAVEL I. LOPEZ
3000 SW 3RD AVE Apt. 704
MIAMI, FL 33129-2781
DOB: 07-17-1956 SEX: F HGT: 5-05
ISSUED: 05-02-2006
EXPIRES: 07-17-2010
ENDORSE:
DUPLICATE 08-09-2008

X630808041795 SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law

2009 SEP 18 PM 2:21
CITY OF MIAMI FL