

RECEIVED

2009 SEP 14 PM 1:51

PRISCILLA A THOMPSON
CITY CLERK
CITY OF MIAMI, FL

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA

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

Pedro R. Diaz (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Pedro R. Diaz.
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. 594.

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

2121 SW 13 Ave. Miami, FL 33145,
which is my legal address, and I have resided continually at said address from the 1 day of June 1997 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
_____	_____
_____	_____

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:

6. Affiant's spouse resides at the following address: (must include city, state and zip code)

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

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:

The Plant Chemist, Inc.

2157 SW 13 Ave Miami, FL 33145

10. Affiant's occupation: VP

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

1 year

(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).

12. Affiant represents that he (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 seeks, and that he has resigned from any office from which he 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 (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 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 employment during the period in which affiant is seeking election to public office or in the case of a board member such member shall resign and such leave of absence or resignation to be effective upon whichever occurs first:

(a) such employee or board member receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or

(b) at the time such employee or board member appoints a campaign treasurer and designates a primary depository; or

(c) at the time such employee or board member files qualification papers and subscribes to a candidates oath as required by law.

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The definition of "city board" is found in Section 2-882 of the Miami City Code.

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

2121 SW 13 Ave 305 964 9287

Affiant's campaign treasurer's name:

Legne Lima

*Affiant's campaign treasurer's address:

7483 SW 24 Street #104

Telephone numbers: (work) 305-303-2782

(home) 305-333-4809

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

15. Affiant represents that, if elected, he 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:

Pedro R. Diaz

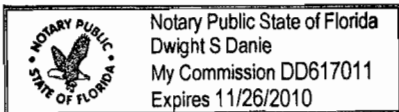
SIGNED THIS 14 DAY OF September, 2009.

[Signature]
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Pedro Diaz, 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 D-200-0276-87345-0

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RISCOLLETTI, JAMES J. JR.
CITY CLERK
CITY OF MIAMI, FL

FORM 1

STATEMENT OF

2008

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Diaz, Pedro, R

MAILING ADDRESS :

2121 SW 13 Ave.

Miami 33145 Miami-Dade

CITY : ZIP : COUNTY :

City of Miami

NAME OF AGENCY :

City of Miami Commissioner

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

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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
N/A	N/A	N/A

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]

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	N/A

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	N/A

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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	N/A	N/A
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): 9/14/09

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.

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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>Pedro</u>	<u>Reinaldo</u>	<u>Diaz</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, Pedro R. Diaz
(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



Signature of Candidate

2121 SW 13 Ave
Mailing Address

305-244-8342
Day Phone

—
Fax Number

Miami
City

FL
State

33145
Zip Code

9/14/09
Date Signed

LOYALTY OATH

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CITY CLERK
CITY OF MIAMI, FL

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

I, Pedro R Diaz
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

Pedro R. Diaz
(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

2121 SW 13 Ave.
Address

Miami, FL 33145
City, State ZIP Code

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

and subscribe before me this 14 day of September, 2009.

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

[Signature]

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

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

Personally Known OR Produced Identification Type of Identification Produced Diana's Licence D200-676-87-345-0

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CITY CLERK
CITY OF MIAMI, FL

MIAMI COUNTY

Voter Information Card
Miami-Dade County, FL
tarjeta de informacion del elector
Condado de Miami-Dade, FL
Kati Enfo mas yon Vote
Kontre Miami-Dade, FL

ISSUED
EMITIDA
EXPIRES
EN TIEMPO

02/24/06

REGISTRATION NO.
Num. de inscripcion
110313382

Bring photo identification when voting.
Para votar, presente y presentacion con fotografia
Trae papi foto yon pves identifikasyon
ki gen foto w sou li le w ap yin vote.

PRECINCT NO.
Num. del recinto
594

Party Affiliation
Afiliacion partidista
REP

Registration Date
Fecha de inscripcion
02/14/05

09/25/87

Identification Data
Datos de identificacion
09/25/87

Poling Place | Centro de votacion | Lokal Biwo Vot
EL CORDERO PRESBY CHURCH
2091 SW 14 AVE

Supervisor of Elections | Supervisor de Elecciones | Sipvezu Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Tú puedes votar por los representantes de los distritos que se muestran abajo.
W elib pou w vote pou reprezantan ki nan distriki ki anba la yo.

Congress Kongre	018	State Senate Senado Estatal	036	State House Camara Estatal	107
County Commission Comision del Condado	05	School Board Junta Escolar	06	Community Council Consejo Comunitario	MI03

MIAMI COUNTY

MIAMI
2121 SW 13TH AVE
MIAMI, FL 33145

MI03

INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be affixed.
2. Peel decal from this document.
3. Affix decal in the upper right corner of license plate.

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

Mail To:
PEDRO REINALDO DIAZ
 2121 SW 13 AVE
 MIAMI, FL 33145-2905

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 CITY OF MIAMI, FL

CO/AGY 1 / 15 T# [REDACTED] B# [REDACTED]

FLORIDA VEHICLE REGISTRATION

PLATE [REDACTED] DECAL [REDACTED] Expires **Midnight Sat 9/25/2010**

YR/MK	1994/HOND	BODY	4D	COLOR	BLK	Reg. Tax	45.15	Class Code	1
VIN	[REDACTED]	NET WT	2393	TITLE	[REDACTED]	Init. Reg.	0.50	Tax Months	12
Plate Type	RGS					County Fee	0.70	Back Tax Mos	0
DL/FEID	D200676873450					Mail Fee		Credit Class	0
Date Issued	9/3/2009	Plate Issued	5/24/2007			Sales Tax		Credit Months	0
						Voluntary Fees		Grand Total	46.35

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

PEDRO REINALDO DIAZ
 2121 SW 13 AVE
 MIAMI, FL 33145-2905

REG TAX	INIT REG.	COUNTY FEE	MAIL FEE	SALES TAX	TITLE FEE
\$25.10	\$	\$3.00	\$	\$	\$
PLATE ISSUED	DATE ISSUED	INTERNET KIOSK FEE	VOLUNTARY CONT. TOTAL	GRAND TOTAL	
	08/11/08	\$0.00	\$	\$28.10	

FLORIDA VEHICLE REGISTRATION

DATE ISSUED: 08/11/08
 DL#: [REDACTED]
 TAG#: [REDACTED] DECAL#: [REDACTED] EXP: 09/25/09
 VIN: JM [REDACTED] TC [REDACTED] YR/MK: 1994 HOND

PEDRO REINALDO DIAZ
 2121 SW 13 AVE
 MIAMI, FL 33145

L#: [REDACTED] 6 T#: [REDACTED] 4 B#: [REDACTED] R#: [REDACTED]

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CITY CLERK
CITY OF MIAMI, FL



STIN ARPS PROPERTY SYSTEM - STREET INQUIRY

(13)

STREET ID: 035561 IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE
2101 - 2123	SW 13		AV

FACE:	W	PRIMARY ZONE:	
ZIP CODE:	331452905	SD1 ZONE:	
CENSUS TRACT:	6500	SD2 ZONE:	
CENSUS BLOCK:	2011	DDRI ZONE:	N
FIRE 901 ZONE:	0393	SEOPWDRI ZONE:	N
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:	N
NBHD CODE:	10	SCENIC CORRIDOR:	N
SUB NBHD CODE:	02	PEDESTRIAN PATHWAY:	N
SOLID WASTE ROUTE:	223	OMNI TAX DISTRICT:	N
TRASH ROUTE:	00	DDA DISTRICT:	N
STREET CLEAN ROUTE:	000	CD TARGET AREA:	00

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 --SIDE--
 1 ODDISCILLA A. THOMPSON
 CITY CLERK
 CITY ZONE: HAMILTON FL
 EMPOWERMENT ZONE: N
 LATIN QUATERS:
 VOTING DISTRICT: 03

NEXT STREET:

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

ACTION: 01
XMIT:

1032

63-8413-2670

DATE 9/14/09

\$ 682.00

MOBILE



PEDRO R DIAZ
CAMPAIGN ACCOUNT
2121 SW 13TH AVE
MIAMI, FL 33145

Pay to the order of City of Miami

Six Hundred Eighty Two

Washington Mutual Bank
South Miami Financial Center 1782
3801 S.W. 13th Ave
Miami, FL 33145



800-788-7000
24 Hour Customer Service

Signature

FOR Qualifying

⑆0172298588⑆ ⑆111180492⑆ ⑆12010000⑆

RISCELLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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City of Miami
OFFICIAL RECEIPT

No. 338925

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

Date: 09/14/09

Six hundred and eighty-two /100 Dollars

Received from: Pedro R. Diaz

Address: 2121 SW 13 Ave Mia, FL 33145

For: Qualifying Fee

Reference No: CK# 1032

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

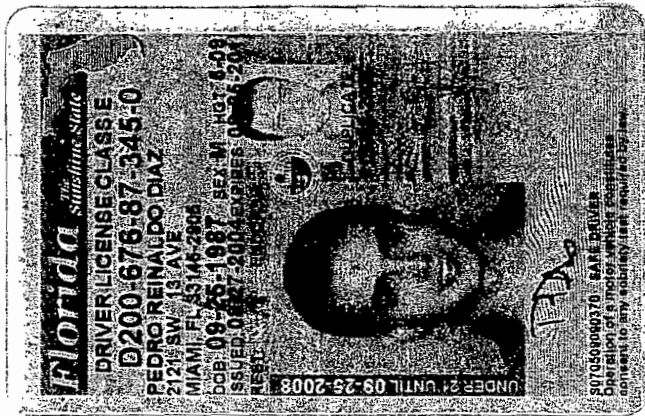
Distribution: White - Customer; Canary - Finance; Pink - Issuing Department

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