

**Oscar Rodriguez-Fonts**  
**2351 SW 37th Avenue, #1002**  
**Miami, Florida 33145**

RECEIVED  
2009 SEP 14 PM 4:33  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

September 14, 2009

**VIA HAND DELIVERED**

Ms. Priscilla Thompson, City Clerk  
City of Miami - Office of the City Clerk  
3500 Pan American Drive  
Miami, Florida 33133

Dear Ms. Thompson:

Please accept this letter as my formal request to change my candidacy to the 2009 Special Election for the City of Miami Commissioner of District 4. I would appreciate it if you would change my status so that your records reflect that I am a candidate running in the upcoming General Municipal Election for Commissioner of District 4, to be held on November 3, 2009.

Should you have any questions or require additional information, please do not hesitate to contact me immediately.

Thank you for assistance in this matter.

Sincerely,



Oscar M. Rodriguez-Fonts

RECEIVED

AFFIDAVIT OF CANDIDATE

2009 SEP 17 PM 4:55

CITY OF MIAMI, FLORIDA

TRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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

Oscar M. Rodriguez-Fonts (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Oscar M. Rodriguez-Fonts

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 4 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. 561.

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

2351 SW 37 Avenue, Apt. 1002, Miami, FL 33145

which is my legal address, and I have resided continually at said address from the 15<sup>th</sup> day of December 2001 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

N/A

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:

N/A

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

none

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

none

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:

Oscar M. Rodriguez-Fonts, P.A.

169 E. Flagler Street, Suite 1200, Miami, FL 33131

10. Affiant's occupation: Attorney

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

2 years

(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

RECEIVED  
SEP 17 PM 4:15  
JILL A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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: 305-606-3333

2351 SW 37 Ave, #1002, Miami, FL 33145

Affiant's campaign treasurer's name:

Goldstein Schechter Koch

Attn: Joaquin R. Urquiola, CPA

\*Affiant's campaign treasurer's address:

2121 Ponce de Leon Blvd., 11<sup>th</sup> Floor, Coral Gables, FL  
33134

Telephone numbers: (work) (305) 442-2200

(home) \_\_\_\_\_

~~\*[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:

Oscar Rodriguez-Fonts

SIGNED THIS 17<sup>th</sup> DAY OF September, 2009.



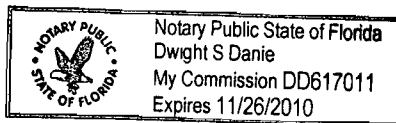
AFFIANT

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



CITY CLERK,  
CITY OF MIAMI, FLORIDA

(SEAL)



\_\_\_\_\_ Did take an oath

Produced identification

Type of identification produced: Driver's Licence R-342-653-62-334-0

RECEIVED  
2009 SEP 17 PM 4:55  
DISCILLA A. THOMPSON  
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 :

Rodriguez-Fonts, Oscar M.

MAILING ADDRESS :

2351 SW 37 Ave, #1002

CITY : ZIP : COUNTY :

Miami, 33145 Miami-Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner of District 4.

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

RISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL

2009 SEP 17 PM 4:55

RECEIVED

**\*\*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
Oscar Rodriguez-Fonts, P.A.	169 East Flagler ST., STE 1200 Miami, FL 33131	Legal Services

**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
Oscar Rodriguez-Fonts, P.A.	Alvarez Rodriguez-Fonts, LLP	169 E. Flagler ST, STE 1200 Miami, FL 33131	Legal Services
Oscar Rodriguez-Fonts, P.A.	Unger & Kowitz	3141 Coralway, STE 100 Miami, FL 33145	Legal Services

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

8373 Lake Dr, Unit #406, Doral, FL (Residential property)

**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	

RECEIVED  
 2009 SEP 17 PM 1:55  
 BRISCUOLA, ALI  
 CITY CLERK  
 CITY OF MIAMI  
 FL

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Sallie Mae, Inc	P.O. Box 9300 Wilkes Barre, PA 18773
ING Direct	P.O. Box 60 ST. CLOUD, MN 56302
Homecomings Financial	P.O. Box 205 Waterloo, IA 50704
JP Morgan Chase Bank, N.A.	P.O. Box 100516 Florence, SC 29502

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			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
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): 09/16/09.

**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.

**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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**LOYALTY OATH**  
**CANDIDATES WITH NO PARTY AFFILIATION**  
(Sections 876.05-876.10, Florida Statutes)

RECEIVED

OFFICE USE ONLY  
2009 SEP 17 PM 4:55

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

STATE OF FLORIDA

Miami-Dade COUNTY

(PLEASE PRINT)

I, 

<u>Oscar</u> First Name	<u>M.</u> Middle Name/Initial	<u>Rodriguez-Fonts</u> 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, Oscar Rodriguez-Fonts  
(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 office of Commissioner, 4  
(office) (district) ~~(circuit)~~

~~(group)~~ . I am a qualified elector of Miami-Dade County, Florida. I am qualified

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

2351 SW 37 Ave, #1002  
Mailing Address

(305) 606-3333  
Day Phone

                      
Fax Number

Miami, FL  
City

33145  
State Zip Code

09/17/09  
Date Signed

LOYALTY OATH

RECEIVED

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

2009 SEP 17 PM 4:55

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

I, Oscar M. Rodriguez-Fonts  
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 of Candidate

OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

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

Oscar Rodriguez-Fonts  
(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 4; 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 of Candidate

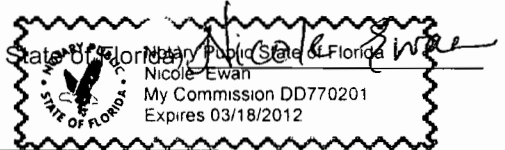
2351 SW 37 Ave, #1002  
Address

Miami, FL 33145  
City/State ZIP Code

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

and subscribe before me this 17<sup>th</sup> day of September, 2009.

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



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

Personally Known OR Produced Identification Type of Identification Produced Driver's License

R362-653-62-334-0





**Voter Information Card**

Miami-Dade County, FL

Tarjeta de información del elector  
Condado de Miami-Dade, FL

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

**OSCAR M RODRIGUEZ FONTS**  
2351 SW 37TH AVE #1002  
MIAMI FL 33145

ISSUED  
EMITIDA  
ENPRIME

02/24/06

**Bring photo identification  
when voting.**

Registration No.  
Núm. de inscripción  
Nim. Enskripsyon

**Para votar, presente una  
identificación con fotografía.**

109317554

**Tranpri pote yon pyès idantifikasyon  
ki gen foto w sou li lè w ap vin vote.**

Identification Data  
Datos de identificación  
Enfo. Idantifikasyon

Precinct No.  
Núm. del recinto  
Nim. Biwo Vòt

09/14/62

561

Registration Date  
Fecha de inscripción  
Dat Enskripsyon

Party Affiliation  
Afilación partidista  
Pati Politik

07/26/88

REP

Polling Place | Centro de votación | Lokal Biwo Vòt

**IGLESIA BAUTISTA**

**2323 SW 27 AVE**

**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 elijb 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  
Lachanm Eta a

018

036

117

County Commission  
Comisión del Condado  
Komisyon Konte

School Board  
Junta Escolar  
Asanble Edikasyon

Community Council  
Consejo Comunitario  
Konsèy Kominotè

07

06

Municipal | Municipal | Minisipal

M104



RECEIVED  
2009 SEP 17 PM 4:55  
MISCELLANEOUS  
CITY OF MIAMI  
CITY OF MIAMI FL



9800 Fredericksburg Road  
 San Antonio, Texas 78288  
 Visit us at usaa.com

Statement

5693

6,276

375

SETTLEMENT DATE	USAA NUMBER	C D
10-05-09	[REDACTED]	2

00 [REDACTED]

OSCAR M RODRIGUEZ-FONTS  
 2351 SW 37TH AVE # 1002  
 MIAMI FL 33145-3060

TO UPDATE POLICIES GO TO  
 USAA.COM OR CALL  
 1-800-531-8722  
 FOR BILLING AND PAYMENT  
 INQUIRIES GO TO USAA.COM OR CALL  
 1-800-531-8722  
 TO REPORT A CLAIM, CALL  
 1-800-531-8722

**MONTHLY ACTIVITY**

BALANCE ON LAST STATEMENT		\$ 143.50
PAYMENT-THANK YOU	09-03-09	143.50CR
CIC AUTO RENEWAL [REDACTED]		
SIX MONTH POLICY RENEWAL PREM	09-13-09	830.96
FL HURRICANE CAT FUND EMERGENCY ASMNT	09-13-09	8.33
ACCOUNT BALANCE AS OF 09-11-09		\$ 839.29

EFFECTIVE DATE	POLICIES BEING BILLED	PAYMENT PLAN OPTIONS		
		BALANCE	REGULAR PLAN	EXTENDED PLAN
09-13-09	CIC [REDACTED] NISSAN	\$ 839.29	\$ 216.07	\$ 146.82
	TOTALS	\$ 839.29	\$ 216.07	\$ 146.82

YOUR BANK ACCOUNT WILL BE DEBITED FOR \$ 146.82 ON 10-05-2009. ANY CHANGES MADE TO THE AMOUNT MUST BE MADE FIVE BUSINESS DAYS PRIOR TO THE DEBIT DATE.

TO FURTHER OUR MISSION OF BEING THE PROVIDER OF CHOICE FOR THE MILITARY COMMUNITY WE HAVE OPENED MEMBERSHIP TO ALL MILITARY RETIREES AND THOSE WHO HAVE HONORABLY SEPARATED SINCE 1996. DO YOU KNOW ANYONE WHO MAY NOW BE ABLE TO ENJOY THE BENEFITS OF MEMBERSHIP? TELL THEM ABOUT US OR SHARE USAA AT USAA.COM/JOIN.

2009 SEP 17 PM 4:55  
 NISSAN  
 CITY CENTER, FL

COMPANY CODES AND IMPORTANT INFORMATION ON REVERSE



9800 Fredericksburg Road  
 San Antonio, Texas 78288  
 Visit us at usaa.com

Statement

5693

10,445

375

SETTLEMENT DATE	USAA NUMBER	C D
10-03-08	[REDACTED]	2

10,445 375

OSCAR M RODRIGUEZ-FONTS  
 2351 SW 37TH AVE # 1002  
 MIAMI FL 33145-3060

TO UPDATE POLICIES GO TO  
 USAA.COM OR CALL  
 1-800-531-8722  
 FOR BILLING AND PAYMENT  
 INQUIRIES GO TO USAA.COM OR CALL  
 1-800-531-8722  
 TO REPORT A CLAIM, CALL  
 1-800-531-8722

**MONTHLY ACTIVITY**

BALANCE ON LAST STATEMENT		\$ 177.15
PAYMENT-THANK YOU	09-03-08	177.15CR
CIC AUTO POLICY RENEWAL PREM	09-13-08	956.56
FL HURRICANE CAT FUND EMERGENCY ASMNT	09-13-08	9.54
ACCOUNT BALANCE AS OF 09-09-08		\$ 966.10

EFFECTIVE DATE	POLICIES BEING BILLED	PAYMENT PLAN OPTIONS		
		BALANCE	REGULAR PLAN	EXTENDED PLAN
09-13-08	CIC AUTO POLICY 2008-09-13 NISSAN	\$ 966.10	\$ 248.68	\$ 168.96
	TOTALS	\$ 966.10	\$ 248.68	\$ 168.96

YOUR BANK ACCOUNT WILL BE DEBITED FOR \$ 168.96 ON 10-03-2008. ANY CHANGES MADE TO THE AMOUNT MUST BE MADE FIVE BUSINESS DAYS PRIOR TO THE DEBIT DATE. YOU WILL NOT RECEIVE A MONTHLY NOTIFICATION IN THE MAIL IF THE PREMIUM AMOUNT REMAINS THE SAME FROM PRECEDING MONTHS. COURTESY COPIES OF YOUR STATEMENTS WILL CONTINUE TO BE AVAILABLE ON USAA.COM.

TO FURTHER OUR MISSION OF BEING THE PROVIDER OF CHOICE FOR THE MILITARY COMMUNITY WE HAVE OPENED MEMBERSHIP TO ALL MILITARY RETIREES AND THOSE WHO HAVE HONORABLY SEPARATED SINCE 1996. DO YOU KNOW ANYONE WHO MAY NOW BE ABLE TO ENJOY THE BENEFITS OF MEMBERSHIP? TELL THEM ABOUT US OR SHARE USAA AT USAA.COM/JOIN.

2009 SEP 17 PM 4:55  
 USAA.COM

**COMPANY CODES AND IMPORTANT INFORMATION ON REVERSE**

STIN

ARPS PROPERTY SYSTEM - STREET INQUIRY

(13)

STREET ID: 071191 IN USE: YES

HOUSE RANGE	QUAD	NAME	TYPE	SIDE
2351 - 2373	SW 37		AV	1 ODD

FACE:	W	PRIMARY ZONE:	EMPOWERMENT ZONE:	N
ZIP CODE:	331453052	SD1 ZONE:	LATIN QUATERS:	N
CENSUS TRACT:	7001	SD2 ZONE:	VOTING DISTRICT:	04
CENSUS BLOCK:	4009	DDRI ZONE:		N
FIRE 901 ZONE:	0421	SEOPWDRI ZONE:		N
FIRE SFBC ZONE:	2A	HIST PRESVN DIST:		N
NBHD CODE:	10	SCENIC CORRIDOR:		N
SUB NBHD CODE:	01	PEDESTRIAN PATHWAY:		N
SOLID WASTE ROUTE:	217	OMNI TAX DISTRICT:		N
TRASH ROUTE:	00	DDA DISTRICT:		N
STREET CLEAN ROUTE:	000	CD TARGET AREA:		00

NEXT STREET:

HOUSE NO:	QUAD:	NAME:	TYPE:
-----------	-------	-------	-------

ACTION: 1-CONTINUE

ACTION: 01  
XMIT:

RECEIVED  
 2009 SEP 17 PM 4:55  
 KRISCHILLA A THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL

**Florida** *The Sunshine State*  
DRIVER LICENSE CLASS E  
**R362-653-62-334-0**  
OSCAR M. RODRIGUEZ-FONTS  
2351 SW 37 AVE APT 1002  
MIAMI, FL 33145-0000  
DOB: 09-14-1962 SEX: M HGT: 6-02  
ISSUED: 06-26-2006  
EXPIRES: 09-14-2012  
FEES:  
DUPLICATE: 07-11-2008  
SAFE DRIVER  
T010807110265  
Operation of a motor vehicle constitutes consent to any sobriety test required by law

2009 SEP 17 PM 4:55  
MOSCOTTA, FL  
CIT 11111111 FL





City of Miami  
**OFFICIAL RECEIPT**

No. 338939

\$ 682.<sup>00</sup> Sales Tax \$ — Total \$ 682.<sup>00</sup>

Date: 09/17/09

Six hundred and eighty-two /100 Dollars

Received from: Oscar Rodriguez - Forts Campaign Account

Address: 2121 Buce de Leon Blvd, Ste. 1100 C. Gables, FL 33134

For: Qualifying Fee Reference No: CR #1031

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 17 PM 4:55  
RISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL