

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA

RECEIVED
2009 SEP 18 AM 11:23
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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

JEFF TORAIN (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is JEFF TORAIN.
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 5 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. 517.

I presently reside at the following address (must include zip code):
119 N.E. 53 STREET MIAMI FL 33137,
which is my legal address, and I have resided continually at said address from the 1 day of AUGUST 2006 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

Prior Addresses	For the Period
<u>5013 3RD ST. LETHBRIDGE, FL 33171</u>	<u>(1) YEAR</u>
<u>7400 S.W. 107 AVE. MIAMI, FL 33173</u>	<u>(2) YEARS</u>

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:

NA

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

NA

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

119 N.E. 53 STREET, MIAMI, FL 33137

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:

DECO INTERNATIONAL SECURITY CORP.
407 LINCOLN RD., STE. 125, MIAMI BEACH, FL 33139

10. Affiant's occupation: V.P.

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

1.5 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).

NA

12. Affiant represents that he/she (is) (is not) currently holding another elective or appointive office – whether city, county or municipal – the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S.99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is) (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office. (Note: If affiant is an employee of the City of Miami (other than city manager, city attorney, independent auditor general or city clerk) or member of a city board of the City of Miami, Florida (other than a city commissioner or mayor), affiant in the case of an employee shall take a leave of absence, without pay from his/her employment during the period in which affiant is seeking election to public office or in the case of a board member such member shall resign and such leave of absence or resignation to be effective upon whichever occurs first:

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

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

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

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OFFICE OF THE
CLERK OF MIAMI
COUNTY

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

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

119 N.E. 53 STREET, MIAMI, FL 33137

PRISCILLA A THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Affiant's campaign treasurer's name:

CARL BERRY

*Affiant's campaign treasurer's address:

1111 LINCOLN RD. STE. 400, MIAMI BEACH, FL 33139

Telephone numbers: (work) (796) 276-2505

(home) (754) 581-0263

*[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:

JEFF TORAIN

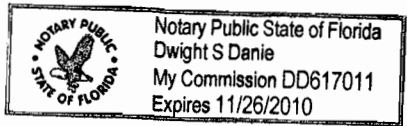
SIGNED THIS 17 DAY OF SEPTEMBER, 2009.

[Signature]
AFFIANT

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

for [Signature]
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: Driver's License T650-434-62-307-0

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Torain, Jeffrey, Niles

MAILING ADDRESS :

119 N.E. 53 Street

CITY :

Miami

ZIP :

33137

COUNTY :

Miami-Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner, City of Miami, District 5

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:

2009 SEP 18 AM 11:23

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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
DECO Int'l. Security Corp.	407 Lincoln Rd., Ste. 12J Miami Beach, FL 33139	Security 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
NA			

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

NA

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.

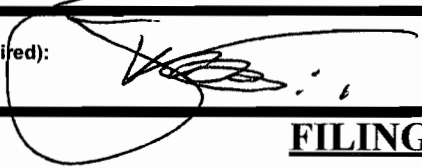
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NA	
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PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
NA	

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	NA		
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):

9/18/2009

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.

LOYALTY OATH

RECEIVED

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

2009 SEP 18 AM 11:23

I, JEFFREY N. TORAIN
First Name Middle Initial Last Name
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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
JEFF TORAIN
(Please print name as you wish it to appear on ballot)

who being sworn, says he is a candidate for the office of City of Miami Commissioner, District 5; that he is a qualified elector of the City of Miami, Florida; that he is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he desires to be elected; that he has taken the oath required by ss. 876.05 – 876.10, Florida Statutes; that he 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 seeks; and that he has resigned or taken a leave of absence from any office from which he is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.

[Signature]
Signature of Candidate
119 NE 53 ST.
Address
Miami, FL 33137.
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)

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

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

Personally Known OR Produced Identification Type of Identification Produced Davis's Home T650-434-62-307-0

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PRISCILLA WILSON
CITY CLERK
CITY OF MIAMI, FL



Voter Information Card
Miami-Dade County, FL
Tarjeta de información del elector
Condado de Miami-Dade, FL

Jeffrey Niles Torain
119 NE 53Rd ST
Miami FL 33137

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

ISSUED
EMITIDA
ENPRIME
08/28/08

**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

115775239

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Jerusalem French S.D.A. Church
4201 NE 2 Ave

Precinct No Núm. del recinto Nim. Biwo Vòt	Identification Data Datos de identificación Enfo. Idantifikasyon	Registration Date Fecha de inscripción Dat Enskripsyon
517	8/27/1962	1/15/2008

Party Affiliation | Afiliación partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

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
17

State Senate
Senado Estatal
Sena Eta a
33

State House
Cámara Estatal
Lacham Eta a
109

County Commission
Comisión del Condado
Komisyon Konte
3

School Board
Junta Escolar
Asanble Edikasyon
2

Community Council
Consejo Comunitario
Konsèy Kominotè
0

Municipality | Municipalidad | Minisipalite
MIAMI





My Account Summary

Welcome, Jeffrey N Torain

Account Number XXXXXXXXXX [Access Another Account](#)

Service Address: 119 Ne 53rd St

Total Amount Owed \$138.51
New Charges Due By Sep 15, 2009
Last Payment \$127.00
Date Received Aug 28, 2009

[Pay My Bill >](#)
[View My Bill >](#)
[Payment History >](#)
[Billing History >](#)

Account Information

Mailing Address: [Update](#)

- 119 Ne 53rd St
- Miami FL, 33137

Phone Number: [Update](#)

- XXXXXXXXXX

Email Address: [Update](#)

- XXXXXXXXXX

[Change Email Preferences](#)

Deposit Amount: [Learn more](#)

- \$210.00

Save Energy & Money

- [Common Causes of High Bills](#)
- [Top 10 Tips to Save Energy](#)
- [Online Home Energy Survey](#)

FPL PROGRAMS

Billing Options

→ [FPL E-Mail Bill®](#)

Enrolled

[Discontinue](#)

[Enroll Now](#)

- [CheckFree® & Your Local Bank](#)

Payment Options

[Enroll Now](#)

- [FPL Automatic Bill Pay®](#)

→ [FPL Pay Online](#)

Enrolled

[Make Payment](#)

[Edit Bank Info](#)

[Edit/Cancel Scheduled Payment](#)

[Discontinue](#)

[See Options](#)

- [All Payment Options](#)

Bill Management Options

[Unsubscribe](#)

- [Payment Reminder®](#)

[Enroll Now](#)

- [FPL Budget Billing®](#)

[Enroll Now](#)

- [FPL Friendly Reminder®](#)

[Request Extension](#)

- [Payment Extension](#)

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Open the door to energy savings

Start your energy survey

TRISCH...
CITY OF MIAMI, FL

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ABOUT 98
CERTIFICATES

2009 SEP 18 AM 11:24

RISCOL...SON
CITY...FL



2009 SEP 10 AM 11:24
 WISCONSIN
 FL

Payment / Credit History

If you are not already participating, we offer the following options to help you manage your FPL bill:

- [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.
- [FPL Budget Billing](#) will help make your home electric bill more predictable

The e-mail address we have for this account is [REDACTED].
 Access [e-mail update](#) to make changes.

Note: some miscellaneous credits may not be displayed.

[Access Another Account](#)

FPL Account Number: [REDACTED]

Date	Amount	Description
08/28/2009	\$127.00	Payment
08/06/2009	\$120.00	Payment
06/25/2009	\$129.73	Payment
06/24/2009	\$9.60	Deposit Interest
06/05/2009	\$103.00	Payment
05/28/2009	\$80.00	Payment
05/15/2009	\$79.00	Payment
04/27/2009	\$131.00	Payment
03/27/2009	\$0.62	Fuel Refund
03/13/2009	\$74.00	Payment
02/09/2009	\$73.00	Payment
12/22/2008	\$81.00	Payment
12/05/2008	\$131.00	Payment
11/04/2008	\$181.00	Payment
10/01/2008	\$151.00	Payment
08/16/2008	\$141.04	Payment
07/18/2008	\$113.76	Payment
06/24/2008	\$13.94	Deposit Interest
06/24/2008	\$99.00	Payment
05/27/2008	\$94.00	Payment
04/25/2008	\$61.86	Payment
04/10/2008	\$75.00	Payment
03/27/2008	\$73.44	Payment
02/27/2008	\$65.30	Payment
01/24/2008	\$168.52	Payment
12/18/2007	\$110.00	Payment
12/04/2007	\$102.00	Payment
11/01/2007	\$150.00	Payment
10/05/2007	\$100.00	Payment
09/01/2007	\$132.00	Payment

ABOUT SSL
CERTIFICATES

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

STIN

ARPS PROPERTY SYSTEM - STREET INQUIRY

(13)

STREET ID: 079421 IN USE: YES

HOUSE RANGE	QUAD	NAME	TYPE	SIDE
0101 - 0199	NE 53		ST	1 ODD

FACE:	S	PRIMARY ZONE:		EMPOWERMENT ZONE:	N
ZIP CODE:	331372730	SD1 ZONE:		LATIN QUATERS:	N
CENSUS TRACT:	2201	SD2 ZONE:		VOTING DISTRICT:	05
CENSUS BLOCK:	0105	DDRI ZONE:	N		
FIRE 901 ZONE:	1171	SEOPWDRI ZONE:	N		
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:	N		
NBHD CODE:	02	SCENIC CORRIDOR:	N		
SUB NBHD CODE:	01	PEDESTRIAN PATHWAY:	N		
SOLID WASTE ROUTE:	109	OMNI TAX DISTRICT:	N		
TRASH ROUTE:	00	DDA DISTRICT:	N		
STREET CLEAN ROUTE:	000	CD TARGET AREA:	01		

NEXT STREET:

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

ACTION: 1-CONTINUE

ACTION: 01
XMIT:

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 CITY CLERK
 CITY OF MIAMI, FL

RECEIVED

2009 SEP 18 AM 11:2

PRISCILLA A THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Florida *The Sunshine State*
DRIVER LICENSE CLASS E
T650-434-62-307-0
JEFFREY NILES TORAIN
119 N.E. 63 STREET
MIAMI, FL 33137
DOB: 08-27-1962 SEX: M HGT: 5-00
ISSUED: 05-24-2005
EXPIRES: 05-24-2010

ORGAN DONOR
X630908173931
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

JEFF TORAIN FOR COMMISSIONER CITY OF
MIAMI DISTRICT 5 CAMPAIGN ACCOUNT

407 LINCOLN RD. STE 12K
MIAMI BEACH, FL 33139-3028

1027

DATE 9/16/2009

63-1322/631
32035

PAY
TO THE
ORDER OF

Office of Clerk City of Miami

\$ 582⁰⁰/₁₀₀

FIVE HUNDRED EIGHTY TWO DOLLARS AND ⁰⁰/₁₀₀

DOLLARS



COLONIAL BANK
You'll like it here
Miami Beach, Florida
24 Hr Colonial Connection 1-877-502-2265

FOR QUALIFYING STATE ASSESSMENT

⑈001027⑈ ⑆063113222⑆ 8053382506⑈

JEFF TORAIN FOR COMMISSIONER CITY OF
MIAMI DISTRICT 5 CAMPAIGN ACCOUNT

407 LINCOLN RD. STE 12K
MIAMI BEACH, FL 33139-3028

1029

DATE 9/16/2009

63-1322/631
32035

PAY
TO THE
ORDER OF

Office of City Clerk / City of Miami

\$ 100⁰⁰/₁₀₀

ONE HUNDRED DOLLARS AND ⁰⁰/₁₀₀

DOLLARS



COLONIAL BANK
You'll like it here
Miami Beach, Florida
24 Hr Colonial Connection 1-877-502-2265

FOR QUALIFYING FEE

⑈001029⑈ ⑆063113222⑆ 8053382506⑈

2009 SEP 19 AM 11:24



City of Miami
OFFICIAL RECEIPT

No. 338940

\$ 682.⁰⁰ Sales Tax \$ — Total \$ 682.⁰⁰

Date: 09/18/09

Six hundred and eighty-two /100 Dollars

Received from: Jeff Torain for Commissioner City of Miami

Address: 407 Lincoln Rd. Ste 12K Miami Beach, FL 33139

For: Qualifying Fee Reference No: CK # 1027 & 1029

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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CITY CLERK
CITY OF MIAMI, FL