

Commissioner Joe Sanchez

Address & Phone
Number
Confidential
Per
Florida Statute
119.07

RECEIVED

AFFIDAVIT OF CANDIDATE 2009 SEP 18 PM 4:59

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

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

Joe Sanchez (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Joe Sanchez.

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 ___ 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):

[REDACTED]
which is my legal address, and I have resided continually at said address from the 28 day of FEB 92 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>N/A</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:

N/A

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

[REDACTED]

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

[REDACTED ADDRESS]

8. At the present time, affiant ~~(is)~~ ~~(is not)~~ registered to vote in any city, county or state other than stipulated in subparagraph 3 above. *IS NOT*

9. Name and business address of affiant's employer:

CITY OF MIAMI
3500 PAN AMERICAN DR MIAMI, FL 33133

10. Affiant's occupation: *COMMISSIONER*

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

(11 YRS) 6/98 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.

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:

1261 CORAL WAY MIAMI, FL 33145 (305) 860-1905

Affiant's campaign treasurer's name:

LEWIS B. FREEMAN

*Affiant's campaign treasurer's address:

3225 AVIATION AVE SUITE 501 MIAMI, FL 33133

Telephone numbers: (work) (305) 443-4622

(home) N/A

*[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:

JOE SANDRIZ

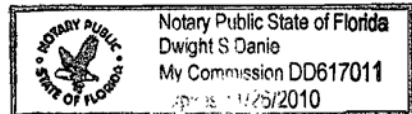
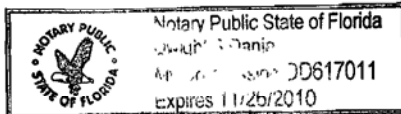
SIGNED THIS 18 DAY OF Sep, 09.

[Signature]
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Joe Sandriz, 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 S-522-433-65-133-0

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME

Sanchez, Jose M.

MAILING ADDRESS

3500 Pan American Drive

CITY

Miami, FL

ZIP

33133

COUNTY

Miami-Dade

NAME OF AGENCY

Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT

Mayor - City of Miami

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

2009 SEP 13 PM 4:59
 DISCLOSURE STATEMENT
 CITY OF MIAMI, FL
 PERSONNEL

****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
City of Miami	3500 Pan American Drive	City Commissioner
Miccosukee Tribe of Indians	P.O. Box 440021, Miami, FL	Gaming

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]

1364 SW 13 St, Miami, FL 33129
816 NW 11 St, #405 Miami, FL

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.

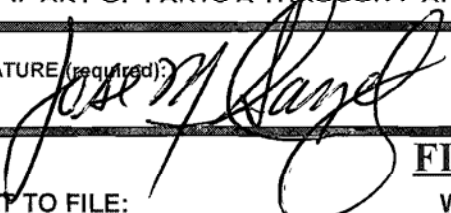
OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	2009 SEP 10 11:59 CITY OF TAMPA FL

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo Home Mtg	P.O. Box 30110, Tampa, FL 33630
Chase Mtg	P.O. Box 830016, Baltimore, MD 21283

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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A		
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): 09/18/09

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.

RECEIVED

2009 SEP 10 OFFICE USE ONLY

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>Jose</u>	<u>M</u>	<u>Sanchez</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, Joe Sanchez
(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 Mayor (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



Joe Sanchez
Signature of Candidate

3225 Aviation Avenue
Mailing Address Suite 501
Miami, FL 33133

(305) 860-1905
Day Phone

N/A
Fax Number

City

State

Zip Code

Date Signed

9/18/09

LOYALTY OATH

RECEIVED

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

2009 SEP 18 PK 4:59

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, JOSE
First Name

M.
Middle Initial

SANCHEZ
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 THE CITY OF MIAMI MAYOR

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

JOE SANCHEZ

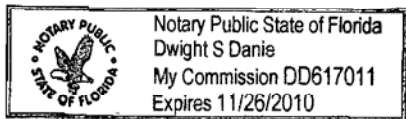
(Please print name as you wish it to appear on ballot)

who being sworn, says he/she is a candidate for the office of City of Miami Mayor at large; 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

2411 S.W. 7th AVE.
Address

MIAMI FL 33129
City State ZIP Code



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

and subscribed before me this 18 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 _____)

Personally Known OR Produced Identification Type of Identification Produced Driver's License S-522-433-65-133-0

2000 SEP 13 PM 1:59
 1100
 WILSON
 017



Voter Information Card
 Miami-Dade County, FL

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

Kart Enfòmasyon Votè
 Konte Miami-Dade, FL



ISSUED
 REGISTRADA
 ENPRIME
 2000 09 13

Bring photo identification
 when voting.
 Para votar, presente una
 identificación con fotografía.

Registration No.
 Núm. de inscripción
 Nim. Enskripsyon

Tranpri pote yon pyes idantifikasyon
 ki gen foto sou li w'ap vin vote.

Identification Data
 Datos de identificación
 Enfo. Idantifikasyon

Precinct No.
 Núm. del recinto
 Nim. Biwo Vòt

0413

307

Registration Date
 Fecha de inscripción
 Dat Enskripsyon

Party Affiliation
 Afiliación partidista
 Pati Polítik

05/10/00

Polling Place | Centro de votación | Lokal Biwo Vòt

05 SW

Lester Sola

Supervisor of Elections | Supervisor de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
 Ud püé votar por los representantes de los distritos enumerados abajo.
 W elijib pou w votè pou reprezantan ki nan distri ki ekri anba la yo

Congress	State Senate	State House
Congreso	Senado Estatal	Cámara Estatal
Kongrè	Sena Eta a	Lacham Eta a
018	068	107

County Commission	School Board	Community Council
Comisión del Condado	Junta Escolar	Consejo Comunitario
Komisyón Konte	Asanble Edikasyon	Konsey Kominote
05	05	

Municipal | Municipal | Minisipal
 M103



MIAMI-DADE COUNTY



Monthly Statement

Bill-At-A-Glance

Previous Bill	23.57CR
Payment	.00
Adjustments	.00
Balance	23.57CR
Current Charges	149.50
Total Amount Due	\$125.93
Current Charges Due in Full by	Aug 29, 2009

AT&T Benefits

• Thank you for choosing a package plan tailored for your needs. AT&T lets you choose how, when and where you communicate.

Plans and Services

Promotions and Discounts

No.	Description	
1.	AT&T Bundles SM Savings	5.00CR
2.	Complete Choice [®] 2 Line Disc	25.05CR
Total Promotions and Discounts		30.05CR

Billing Summary

Questions? Visit att.com	Page	
Plans and Services	1	78.57
1 888 757-6500		
Repair Service.		
611		
AT&T Long Distance Service	2	27.98
1 888 757-6500		
AT&T Internet Service	3	42.95
1 888 321-2375		
Total Current Charges		149.50

Monthly Service - Aug 7 thru Sep 6

	Quantity	
3 Complete Choice[®]	1	33.00
Telephone Line (Includes Touch-Tone Service)		
Three-Way Calling		
30 Code Speed Calling		
8 Code Speed Calling		
Call Forwarding		
Call Waiting ID		
Repeat Dialing		
Call Return		
Call Trace		
Call Blocking		
Caller-ID Name-Number Delivery		
Anonymous Call Blocking		
4 Complete Choice[®]	1	33.00
Telephone Line (Includes Touch-Tone Service)		
Three-Way Calling		
Call Forwarding		
Call Waiting ID		
Call Return		
Caller-ID Name-Number Delivery		
Anonymous Call Blocking		
5 Non Published Service	1	3.65
6 Inside Wire Protection	2	15.00
Total Monthly Service		84.65

News You Can Use Summary

- PREVENT DISCONNECT
 - ELECTRONIC PAYMENTS
 - DO NOT CALL REGISTRY
 - 900 # INFORMATION
 - CARRIER INFORMATION
 - DIRECTORY ASSISTANCE
 - RELAY SERVICE
- See "News You Can Use" for additional information.

Local Services provided by AT&T Florida.



at&t

JOSE M SANCHEZ

MIAMI FL 33129

Page 2 of 3

Account Number

Billing Date Aug 7, 2009

Plans and Services

AT&T Long Distance Service

Additions and Changes to Service

This section of your bill reflects charges and credits resulting from account activity.

Table with columns: Item No., Description, Quantity, Monthly Rate, Amount Billed. Includes Federal Universal Service Fee and Federal Subscriber Line Charge.

Directory Assistance

Table with columns: Item No., Description, Amount Billed. Includes 1-Call(s) billed at \$1.50 each.

Surcharges and Other Fees

Table with columns: Item No., Description, Quantity, Amount Billed. Includes Federal Universal Service Fee, Federal Universal Svc Fee-Addl, Federal Subscriber Line Charge, and Federal Subscriber-Line Charge.

Government Fees and Taxes

Table with columns: Item No., Description, Quantity, Amount Billed. Includes Federal Excise Tax, FL - State Communications Tax, FL - Local Communications Tax, Telecommunications Access System Act Surcharge, Emergency 911 Service, and Dade County Manhole Ord #83-3.

Total Plans and Services 78.57

Important Information

Provide family and friends with a toll-free number and unique PIN so they can reach you without being charged. You pay just 10 cents per minute, billed to your AT&T account.

For AT&T Long Distance Service Billing Questions, Call 1-888-757-6500.

Beginning August 1, 2009, AT&T will increase interstate and international calling card and operator assistance rates. Notice of specific rate changes can be viewed on the AT&T website at www.att.com/servicepublications.

Monthly Service

Table with columns: Charges for, Type of Service, Period, Amount Billed. Includes Complete Choice Unlimited Monthly Fee.

Call Charges

Table with columns: Domestic Usage Summary, Calls for, Domestic Minutes Used, Total Domestic Minutes Used.

Surcharges and Other Fees

Table with columns: Item No., Description, Amount Billed. Includes Federal Universal Service Fund Fee and Carrier Cost Recovery Fee.

Government Fees and Taxes

Table with columns: Item No., Description, Amount Billed. Includes FL - State Communications Tax and FL - Local Communications Tax.

Total AT&T Long Distance Service 27.98

RECEIVED 2009 SEP 18 PM 4:59 RUSSELL A. THOMPSON CITY CLERK CITY OF MIAMI, FL





JOSE M SANCHEZ

MIAMI FL 33129

Page 3 of 3

Account Number

Billing Date

Aug 7, 2009

AT&T Internet Service

Itemized Charges and Credits

From August 01 through August 31

User ID

DSL

1 FastAccess@ DSL Xtreme 6.0 42.95

Total AT&T Internet Service 42.95

News You Can Use

PREVENT DISCONNECT

Thank you for being a valued customer. Please be aware that all charges must be paid each month to keep your account current and prevent collection activities. We are required to inform you that certain charges must be paid in order to prevent interruption of local service. **THESE CHARGES ARE ALREADY INCLUDED IN THE TOTAL AMOUNT DUE AND ARE \$90.33.** Also, neglecting to pay for remaining charges may result in interruption or removal of these remaining services or further collection action, but will not result in disconnection of your local service. A Late Payment Charge of \$5.50 may apply to an unpaid regulated balance and a 1.5% interest charge may apply to an unpaid unregulated balance. For more information, call the Plans and Services number listed in the Billing Summary section on page 1.

CARRIER INFORMATION

Our records indicate that you have selected AT&T Long Distance Service or a company that resells their services as your primary local toll carrier and AT&T Long Distance Service or a company that resells their services as your primary long distance carrier. Please contact us if this does not agree with your records.

ELECTRONIC PAYMENTS

When making a secure electronic bill payment from your bank account over the phone, you will need to provide sufficient information to authenticate yourself as the account owner. By providing this information, you are authorizing AT&T and your financial institution to process a one-time debit from your bank account for payment of your bill. Other bill payment options are available at www.att.com.

DIRECTORY ASSISTANCE

Beginning on or after October 1, 2009, the charge for each Directory Assistance call requesting a telephone number within your local calling area or within your Local Access and Transport Area (LATA) and area code is scheduled to increase from \$1.50 to \$1.55. You may request up to two numbers per call. If you have questions regarding this change, please call your AT&T representative at 1 888 757 6500. Thank you for choosing AT&T.

DO NOT CALL REGISTRY

To reduce telephone solicitation calls to your home, register for the National Do Not Call Registry by phone at 1 888 382 1222 (TTY 1 866 290 4236) or online at donotcall.gov. There's no charge to register. Thank you for choosing AT&T.

RELAY SERVICE

Dial 711 is a Telecommunications Relay Service for customers with hearing and speech disabilities. AT&T offers products and services for customers with visual, hearing, speech or physical disabilities. For more information, please refer to the customer guide section in your AT&T telephone directory, or go to att.com. Thank you for choosing AT&T.

900 # INFORMATION

900 Number information services are provided over telephone numbers beginning with the prefix 900. You may withhold payment if you dispute these charges within 60 days. Action to collect disputed amounts will be suspended pending investigation of the dispute. Your local and long-distance telephone service cannot be suspended or disconnected for nonpayment of 900 charges. However, the company that provides the 900 service may take other actions to collect charges you have not paid and have not disputed. To protect customers from these unexpected charges, AT&T offers 900 Call Blocking. 900 charges incurred from purchasing products and services from the internet cannot be blocked. If you fail to pay legitimate charges for calls to 900 numbers, your access to 900 numbers may be involuntarily blocked. You are not to be billed for pay-per-call services that do not comply with federal laws and regulations. For further details on eligibility for no cost 900 Call Blocking, call your AT&T Service Representative. Thank you for choosing AT&T.

Terms and Conditions

DISPUTED DEBTS

Please note, any check or payment instrument in an amount less than the full amount due that you send AT&T marked "PAID IN FULL" or otherwise tender as full satisfaction of a disputed amount, must be sent to AT&T Accounts Receivable Management, 333 Commerce St, section 22, Nashville TN 37201-1800 and NOT the payment address shown on the payment return document. Thank you for choosing AT&T for your communications needs.

RETURNED CHECK

An important part of AT&T's commitment to our valued customers is keeping you informed of policies that may affect your account. If a check is returned to AT&T from your financial institution, a returned check fee up to the amount permitted by law may be charged to your account.

SERVICE INFORMATION

Your local services are provided by AT&T Florida (BellSouth Telecommunications, Inc.). Your AT&T long distance services, if any, are provided by one or more of the following AT&T Inc. subsidiaries: AT&T Long Distance Service (BellSouth Long Distance, Inc.), AT&T Communications of the Southern States, LLC, and/or AT&T Corp. You can find the name of your long distance service provider in the long distance section of your bill. To view your provider's service publications, including Price Lists, Service Guides and/or Tariffs, go to att.com/servicepublications.

BILL DISCREPANCY

AT&T strives to provide our valued customers the best service possible. However, if you have a bill discrepancy, you should notify AT&T within 60 days after the receipt of your AT&T bill.

2009 SEP 18 PM 4:59
RISCELLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL
RECEIVED

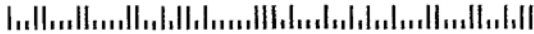


Customer Care Phone 1-800-848-9136
 Please send payments only to: PO BOX 78420
 PHOENIX, AZ 85062-8420
 Hearing Impaired (TDD) 1-800-582-0542

MORTGAGE LOAN STATEMENT

Loan Number: [REDACTED]
 Statement Date: 06/30/09
 Payment Due Date: 07/01/09
 Property Address: [REDACTED]
 Miami, FL 33129

#BWNJCCL
 # [REDACTED] #



46044 BOR Z 18109 C - 0
 JOSE M. SANCHEZ
 BEATRIZ F. SANCHEZ
 [REDACTED]
 MIAMI, FL 33129 [REDACTED]

Loan Information:

<u>Balances:</u>	
Principal Balance	\$375,111.53
Escrow Balance	\$8,533.91
<u>Payment Factors:</u>	
Interest Rate	5.75000%
Principal & Interest	\$2,217.58
Escrow Payment	\$1,177.52
Optional Products	\$0.00
Past Due Payment	\$0.00
Unpaid Late Charges	\$0.00
Miscellaneous Fees	\$0.00
Total Payment	\$3,395.10
<u>Year-to-Date</u>	
Interest	\$10,826.20
Taxes	\$0.00
Principal	\$2,479.28



Visit our website at www.chase.com to obtain updated account information and special offers exclusively for Chase Mortgage Customers

RECEIVED

2009 SEP 18 PM 5:00

RISCELLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

Activity Since Your Last Statement

TRANSACTION DESCRIPTION	TRANSACTION DATE	TOTAL RECEIVED	PRINCIPAL	INTEREST	ESCROW	OPTIONAL PRODUCTS	MISCELLANEOUS OR FEES
PAYMENT	04/10/09	\$3,001.56	\$414.19	\$1,803.39	\$783.98		
PAYMENT	05/11/09	\$3,001.56	\$416.17	\$1,801.41	\$783.98		
PAYMENT	06/10/09	\$3,001.56	\$418.17	\$1,799.41	\$783.98		

Important Messages About Your Account

If you receive or expect to receive an insurance settlement check for damages to your home, please access www.mylossdraft.com for information on the claim process. When prompted, enter the PIN Number CH001 to access the Web site. You may also call the Loss Draft Department at 1-866-742-1461 from 8 a.m. to 8 p.m., Eastern Time, with any additional questions.

Thank you for using our automatic payment service, P.A.I.D. (Pre-Authorized Instant Deduction). Chase provides this statement for your records. Please note that while you use the P.A.I.D. service, you will receive quarterly statements.

If you wish to make changes for the account you use in our P.A.I.D. service, we must receive your written request by fax to 1-248-305-9638 or mail, at least 5 days prior to your next scheduled draft for the change to be effective on that draft. Otherwise, change requests received less than 5 days prior to your draft will be effective with the following month's payment. To cancel your participation in the P.A.I.D. service by phone, please contact Customer Care using the number in the left hand corner of this statement. To stop the next automatic payment, you must contact Chase at least 5 days prior to your draft date.

You can always call on Chase. One visit to our website or a quick phone call can get you the answers you want and the help you need. Simply go to www.chasehomefinance.com or call 1-800-848-9136 and you can do everything from confirming receipt of your last payment to obtaining year-end tax and interest information, and much more -- all 24 hours a day, seven days a week. If you would like to speak to a Chase Customer Care Professional directly, they are available to assist you Monday through Friday, from 8:00 a.m. to 9:00 p.m. and Saturday, 8:00 a.m. to 5:00 p.m. Eastern Time.

Please refer to the back of this statement for important information about your account.

18250050200070204401



MORTGAGE LOAN STATEMENT

Customer Care Phone 1-800-981-3813
 Please send payments only to PO BOX 78420
 PHOENIX, AZ 85062-8420
 Hearing Impaired (TDD) 1-800-582-0542

Loan Number [REDACTED]
 Statement Date 09/08/08
 Payment Due Date: 10/01/08
 Property Address: [REDACTED]
 Miami, FL 33129

#BWNJCCL
 # [REDACTED] #

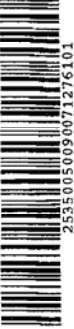


28761 BOR Z 25208 C - 0 BRE ZI
 JOSE M. SANCHEZ
 BEATRIZ F. SANCHEZ
 MIAMI FL 33129 [REDACTED]

*\$5695
 10/14/08*

Loan Information:

<u>Balances</u>	
Principal Balance	\$378,804.04
Escrow Balance	\$5,142.61
<u>Payment Factors</u>	
Interest Rate	5.75000%
Principal & Interest	\$2,217.58
Escrow Payment	\$783.98
Optional Products	\$0.00
Past Due Payment	\$0.00
Unpaid Late Charges	\$0.00
Miscellaneous Fees	\$0.00
Total Payment	\$3,001.56
<u>Year-to-Date:</u>	
Interest	\$6,534.26
Taxes	\$0.00
Principal	\$1,195.96



Visit our website at www.chase.com to obtain updated account information and special offers exclusively for Chase Mortgage Customers.

2009 SEP 10 P 5:00

Activity Since Your Last Statement

TRANSACTION DESCRIPTION	TRANSACTION DATE	TOTAL RECEIVED	PRINCIPAL	INTEREST	ESCROW	OPTIONAL PRODUCTS	MISCELLANEOUS OR FEES
HOMEOWNERS INS PD	09/02/08				\$4,265.00		
PAYMENT	09/08/08	\$3,001.56	\$400.56	\$1,817.02	\$783.98		

Important Messages About Your Account

If you receive or expect to receive an insurance settlement check for damages to your home, please access www.mylossdraft.com for information on the claim process. When prompted, enter the PIN Number CH001 to access the Web site. You may also call the Loss Draft Department at 1-866-742-1461 from 8 a.m. to 7 p.m., Eastern Time, with any additional questions.

Chase FastPay is a quick and convenient payment option. Make sure your mortgage payment is made on time, and avoid late fees with one simple phone call. Your mortgage payment will be processed as early as the same day. To use this service, call Chase FastPay at 1-800-848-9136. When you use our automated system, you'll save 25% on the fee for this service, and pay just \$15.00.

Please visit our recently expanded Frequently Asked Questions (FAQS) section at Chase.com/Chaseonline

When sending your payment, please be sure the Chase address, on the attached payment stub, appears in the window of the enclosed envelope or make your payments online with ease, convenience and security.

Simply visit www.chase.com/chaseonline to pay bills, check the status of your accounts, review your loan balances and contact us via secure e-mail.

Please refer to the back of this statement for important information about your account.

STREET ID: 021821 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--

FACE:	W	PRIMARY ZONE:	EMPOWERMENT ZONE:	N
ZIP CODE:	331	SD1 ZONE:	LATIN QUATERS:	N
CENSUS TRACT:		SD2 ZONE:	VOTING DISTRICT:	03
CENSUS BLOCK:		DDRI ZONE:		N
FIRE 901 ZONE:		SEOPWDRI ZONE:		N
FIRE SFBC ZONE:		HIST PRESVN DIST:		N
NBHD CODE:		SCENIC CORRIDOR:		N
SUB NBHD CODE:		PEDESTRIAN PATHWAY:		N
SOLID WASTE ROUTE:		OMNI TAX DISTRICT:		N
TRASH ROUTE:		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 18 PM 5:00
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

2009 SEP 10 4:15:00
FL

Florida *The Sunshine State*

DRIVER LICENSE CLASS: E
S522-433-65-133-0

JOSE MIGUEL SANCHEZ

MIAMI FL 33129-1944
DOB: 04-13-1965 SEX: M HGT: 6-00
ISSUED: 03-21-2006

ORGAN DONOR

T010603210057 SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test requested by law enforcement.

CAMPAIGN ACCOUNT OF JOE SANCHEZ
LEWIS B. FREEMAN, TREASURER

3225 AVIATION AVE SUITE 501
MIAMI, FL 33133

1139

63-964
670 8

DATE 9-18-09

PAY
TO THE
ORDER OF

City of Miami

\$ 1,600⁰⁰/₁₀₀

One Thousand Six Hundred and ⁰⁰/₁₀₀ -

DOLLARS  Security Features
Include
Detachable

 **Mellon United National Bank**
Miami Florida

FOR qualifying docs

Joe Sanchez

MP

⑈001139⑈ ⑆067009646⑆ 0081149072⑈

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City of Miami
OFFICIAL RECEIPT

No. 338942

\$ 1,600.⁰⁰ Sales Tax \$ — Total \$ 1,600.⁰⁰

Date: 09/18/09

One thousand six hundred and ⁰⁰/₁₀₀ /100 Dollars

Received from: Campaign Account of Joe Sanchez

Address: 3225 Aviation Ave., Suite 501 Miami, FL 33133

For: Qualifying Fee Reference No: CK # 1139

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 18 PM 5:00
CITY OF MIAMI

AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT

I, JOSE M. SANCHEZ, a candidate for the office of
MAYOR 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 JOE SANCHEZ.

I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Jose M Sanchez
Signature of Affiant

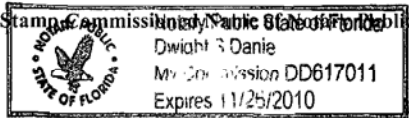
3225 AVIATION Ave Suite 501
Address of Affiant

33B3

Sworn to (or affirmed) and subscribed before me this 18 day of
September, 2009

D. Danie
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Notary Public State of Florida



Personally Known _____ or Produced Identification

Type of Identification Produced: Driver's License
5522-433-65-133-0

2009 SEP 18 PM 5:00
CITIZENSHIP