

**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106 021(1) F S )

(PLEASE TYPE)

**OFFICE USE ONLY**

2009 JAN 13 AM 1 46

PRISCILLA A THOMPSON  
CITY CLERK  
CITY OF MIAMI FL

**CHECK APPROPRIATE BOX**

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: Luis C Morse      1 Address (include post office box or street city state zip code):  
1246 SW 15 Terrace Miami FL 33145

Telephone (optional): 786-546-3553      2 Party (**Partisan candidates only**): \_\_\_\_\_      3 Office (add district circuit or group number):  
City Commissioner District 3

I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

4 Name of Treasurer or Deputy Treasurer:  
Alina M Gomez

5 Mailing Address (If post office box or drawer add street address): 2350 Coral Way Suite 301      6 Telephone: 305-860-0780

7 City: Miami      8 County: Miami-Dade      9 State: Florida      10 Zip Code: 33145

I have designated the following named bank as my  Primary Depository     Secondary Depository

11 Name of Bank: Bank Atlantic      12 Street Address: 2 S Biscayne Boulevard  
13 City: Miami      14 County: Miami-Dade      15 State: Florida      16 Zip Code: 33131

17 Signature of Candidate: X       Date: 1-13-09

**Campaign Treasurer's Acceptance of Appointment**

I Alina M Gomez do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of Luis C Morse

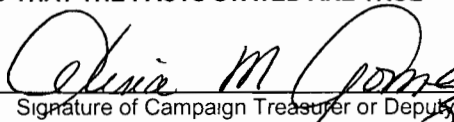
who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of  
(Party)

City Commissioner District 3      As a duly registered voter in Miami-Dade

County Florida I am qualified to accept this appointment

**UNDER PENALTIES OF PERJURY I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE**

1-13-09  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer

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CITY CLERK  
CITY OF MIAMI FL

# STATEMENT OF CANDIDATE

(Section 106 023, F S )

(Please Type)

I, Luis C Morse ,  
candidate for the office of City of Miami Commissioner District 3 ,  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes

X   
Signature of Candidate

1-13-09  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1 000 (ss 106 19(1)(c) 106 265(1) Florida Statutes)

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

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2009 SEP 11 AM 10:54

RISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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

Luis C. MORSE (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Luis C. MORSE.

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. 570.

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

1246 SW 15 TERR, MIAMI, FL. 33145  
which is my legal address, and I have resided continually at said address from the 18 day of oct, 1984 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>1246 SW 15 Terr.</u>	<u>Oct 1984 to</u>
<u>Miami Fl.</u>	<u>PRESENT</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)

N/A

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

N/A

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

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

N/A

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CITY OF MIAMI, FL

10. Affiant's occupation: ENGINEER

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

N/A

(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).

Volunteer at DR. RAFAEL Peñalver CLINIC,

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:

1246 SW 15 Terr, Miami, FL 33145 305-854-7265

Affiant's campaign treasurer's name:

ALINA GOMEZ

\*Affiant's campaign treasurer's address:

2360 Coral Way # 301 Miami, FL 33145

Telephone numbers: (work) 305-860-0780 / 305-458-9211 (c)  
(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 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 name printed on the official ballot:

Luis MORSE

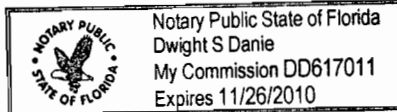
SIGNED THIS 11 DAY OF Sept, 2009.

Luis Morse  
AFFIANT

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

D. Dan  
CITY CLERK,  
CITY OF MIAMI, FLORIDA

(SEAL)



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RISCELLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

Did take an oath  
 Produced identification

Type of identification produced: Drivers License M620-523-40-180-0

**FORM 1**

**STATEMENT OF**

**2008**

**FINANCIAL INTERESTS**

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
Morse Luis Carlos

MAILING ADDRESS :  
1246 SW 15th Terrace

CITY : ZIP : COUNTY :  
Miami 33145 Miami-Dade

NAME OF AGENCY :  
*City of Miami*

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Commission - District 3

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY

SYCILLA 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
FL Dept of Management Services Div. of Retirement	PO Box 9000, Tallahassee, FL 32315-9000	State Government
Social Security Adm.	1200 8th Ave. North, Birmingham, AL 35285	Retirement
Pension Benefit Guaranty Corp.	PO Box 111210, Hialeah, FL 33011	Pension Guaranty

**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]

1246 SW 15th Terrace, Miami, FL 33145

**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	
	<b>RECEIVED</b>
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	TRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI, FL

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Wachovia Bank	PO Box 563966, Charlotte, NC 28256

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): 9-11-09

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

OFFICE USE ONLY  
2009 SEP 11 AM 10:54

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

STATE OF FLORIDA

Miami-Dade COUNTY

(PLEASE PRINT)

I,

Luis

First Name

Carlos

Middle Name/Initial

Morse

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,

Luis Morse

(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 Commission, 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**



*Luis Morse*

Signature of Candidate

1246 SW 15th Terrace 786-546-3553   
Mailing Address Day Phone Fax Number

Miami FL 33145 9-11-09  
City State Zip Code Date Signed



LOYALTY OATH

RECEIVED

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

2009 SEP 11 AM 10:54

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

I, Luis C. MORSE  
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.

Luis Morse  
Signature of Candidate

OATH OF CANDIDATE  
OFFICE OF CITY OF MIAMI COMMISSIONER

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

Luis MORSE

(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.

Luis Morse  
Signature of Candidate



1246 SW 15 Terr.  
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 11 day of September, 2009.

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

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

Personally Known OR Produced Identification Type of Identification Produced Driver's License M620-523-40-180-0



Voter Information Card  
Miami-Dade County, FL

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

Kat Enfomasyon Votè  
Konte Miami-Dade, FL

Luis Carlos Morse  
1246 SW 15Th TER  
Miami FL 33145

ISSUED  
EMITIDA  
ENPRIME  
08/20/08

Bring photo identification  
when voting.

Para votar, presente una  
identificación con fotografía.

Tranpi pote yon pyes idantifikasyon  
ki gen foto w sou li lè w ap vin vote.

Registration No.  
Núm. de inscripción  
Nim. Enskripsyon

109144892

Voting Location | Ubicación de la votación | Lokal Biwo Vòt  
Coral Way Elementary School  
1950 SW 13 Ave

Precinct No. Núm. del recinto Nim. B'wo Vòt	Identification Data Datos de identificación Enfo. Idantifikasyon	Registration Date Fecha de inscripción Dat Enskripsyon
570	5/20/1940	2/12/1972

Party Affiliation | Afiliación partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

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

You are eligible to vote for the representatives from the districts listed below.  
Uel ou se votat pou los representantes de los distritos enumerados abajo.  
W elijib pou w vote pou reprezantan ki nan distri ki ekri anba la yo.

Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lachann Eta a
18	36	107
County Commission Comisión del Condado Kòmision Konte	School Board Junta Escuelas Asamblea Edikasyon	Community Council Consejo Comunitario Konsey Kominotè
5	6	0
Municipality   Municipalidad   Municipalite		
MIAMI		



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CITY OF MIAMI, FL



Florida Power & Light Company  
PO Box 025576  
Miami, FL 33102

FPL

/ 3\* FPL AUTOMATIC BILL PAY - DO NOT PAY \*

Please request changes on the back.  
Notes on the front will not be detected.

The amount enclosed includes the following donation:

FPL Care To Share \$ \_\_\_\_\_

B 2,4,6 8510 0



#BWNDJNQ \*\*\* AUTO \*\*CO 4524  
#4590243BQ449278# 057607  
LUIS C MORSE  
1246 SW 15TH TER  
MIAMI FL 33145-1618

Make check payable to FPL in U.S. funds  
and mail along with this coupon to:

FPL  
GENERAL MAIL FACILITY  
MIAMI FL 33188-0001



Account number	Do not pay	New charges due by	Amount enclosed
[REDACTED]	\$133.39	Sep 03 2009	\$

**Your electric statement**

For: Jul 15 2009 to Aug 13 2009 (29 days)  
Customer name: LUIS C MORSE  
Service address: 1246 SW 15TH TER

Account number: [REDACTED]

Statement date: Aug 13 2009  
Next meter reading: Sep 14 2009

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	DO NOT PAY (=)	New charges due by
124.43	124.43 CR	0.00	0.00	133.39	\$133.39	Sep 03 2009

**Meter reading - Meter 5C39698**

Current reading 34095  
Previous reading - 32388  
kWh used 1707

Amount of your last bill 124.43  
Payment received - Thank you 124.43 CR  
Balance before new charges \$0.00

**Energy usage**

	Last Year	This Year
kWh this month	1452	1707
Service days	29	29
kWh per day	50	59

**New charges (Rate: RS-1 RESIDENTIAL SERVICE)**

Electric service amount	188.03**
Storm charge	0.72
Gross receipts tax	4.84
Franchise charge	8.71
Utility tax	11.43

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

Customer charge: \$5.33  
Fuel: \$98.41  
(First 1000 kWh at \$0.053510)  
(Over 1000 kWh at \$0.063510)  
Non-fuel: \$84.29  
(First 1000 kWh at \$0.045110)  
(Over 1000 kWh at \$0.055420)

Actual electric charges 213.73  
Budget billing charges \$133.39

**Total amount you owe \$133.39**

**FPL automatic bill pay - DO NOT PAY**

- Payment received after **September 03, 2009** is considered **LATE**; a late payment charge of **1.50%** will apply and your account may be subject to an adjusted deposit billing.
- The amount due on your account will be drafted automatically on or after **August 24, 2009**. If a partial payment is received before this date, only the remaining balance due on your account will be drafted automatically.

**FPL Budget Billing  
Deferred Balance  
\$81.60**

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CITY CLERK  
CITY OF MIAMI, FL



Florida Power & Light Company  
PO Box 025576  
Miami, FL 33102

Please have your account number ready when contacting FPL.  
Customer service: (305) 442-8770  
Outside Florida: 1-800-226-3545  
To report power outages: 1-800-4OUTAGE (468-8243)  
Hearing/speech impaired: 711 (Relay Service)

LUIS C MORSE  
1246 SW 15TH TER  
MIAMI FL 33145-1618

9/08  
Page 1 of 2  
Account Number [REDACTED]  
Billing Date Sep 11, 2008  
Web Site att.com



### Bill-At-A-Glance

Previous Bill	31.27
Payment Received 8-28 Thank You!	31.27CR
Adjustments	.00
Balance	.00
Current Charges	31.26
<b>Amount to be Debited</b>	<b>\$31.26</b>
Debiting Bank Account on	Sep 27, 2008

### Billing Summary

Questions? Call:	Page	
<b>Plans and Services</b>	1	31.26
1 888 757-6500		
<b>PIN: 0133</b>		
Repair Service:		
611		
<b>AT&amp;T Long Distance Service</b>	1	.00
1 888 757-6500		
<b>Total Current Charges</b>		<b>31.26</b>

### Plans and Services

#### Monthly Service - Sep 11 thru Oct 10

	Quantity	
1. Residential Line	1	13.58
2. Inside Wire Protection	1	7.50
<b>Total Monthly Service</b>		<b>21.08</b>

#### Surcharges and Other Fees

Item No.	Description	Quantity	
3.	Federal Universal Service Fee	1	.74
4.	Federal Subscriber Line Charge	1	6.50
<b>Total Surcharges and Other Fees</b>			<b>7.24</b>

#### Government Fees and Taxes

Item No.	Description	Quantity	
5.	Federal Excise Tax		.61
6.	FL - State Communications Tax		.49
7.	FL - Local Communications Tax		1.19
8.	Telecommunications Access System Act Surcharge	1	.11
9.	Emergency 911 Service	1	.50
10.	Dade County Manhole Ord #83-3	1	.04
<b>Total Government Fees and Taxes</b>			<b>2.94</b>

**Total Plans and Services 31.26**

### AT&T Long Distance Service

#### 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. Call 1-800-895-5555 TODAY (must be placed from your home telephone number) to request Toll Free at Home Service! Some restrictions apply.

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RISCELLA A THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

Local Services provided by AT&T Florida.

U.S. Pat. D410,950 and D414,510

### News You Can Use Summary

- PREVENT DISCONNECT
  - STAYING SAFE ONLINE
  - GET FASTER SPEED!
  - CARRIER INFORMATION
  - FREE LISTINGS
- See "News You Can Use" for additional information.

Return bottom portion with your check in the enclosed envelope.

Your Bank Account  
Will be Debited on

Sep 27, 2008

Amount To  
Be Debited

713.94  
**\$31.26**



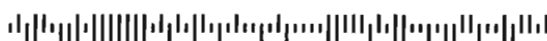
Billing Date Sep 11, 2008

Account Number

[REDACTED]

LUIS C MORSE  
1246 SW 15TH TER  
MIAMI FL 33145-1618

AT&T  
P.O. BOX 105503  
ATLANTA, GA 30348-5503



3900 30585472651334 2000562110408 0440100000000000000000000003126





11111

**Bill-At-A-Glance**

Previous Bill	41.02
Payment Received 7-29 Thank You!	41.02CR
Adjustments	.00
Balance	.00
Current Charges	41.30
<b>Amount to be Debited</b>	<b>\$41.30</b>
Debiting Bank Account on	Aug 27, 2009

**Billing Summary**

Questions? Visit <a href="http://att.com">att.com</a>	Page	
<b>Plans and Services</b>	1	41.30
1 888 757-6500 PIN: 0133		
Repair Service:		
611		
<b>AT&amp;T Long Distance Service</b>	2	.00
1 888 757-6500		
<b>Total Current Charges</b>		<b>41.30</b>

30  
171  
item #  
\* PASSEWORD

**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.

Return bottom portion with your check in the enclosed envelope.

**Plans and Services**

**Monthly Service - Aug 11 thru Sep 10**

1. Residential Line	13.58
2. Voice Mail Mailbox	6.00
3. Call Forwarding Don't Answer	2.00
4. Star 98 to Voice Mail	1.00
5. Inside Wire Protection	7.50

**Total Monthly Service 30.88**

**Additions and Changes to Service**

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

Item No.	Description	Quantity	Monthly Rate	Amount Billed
<b>Activity on Jun 30, 2009</b>				
Your bill reflects a charge for a change in rates for: (Monthly Charges are prorated from Jul 01, 2009 to your Billing Date, Aug 11, 2009)				
6.	Federal Universal Service Fee	1	.10	.13

**Surcharges and Other Fees**

Item No.	Description	Quantity	Amount Billed
7.	Federal Universal Service Fee	1	.83
8.	Federal Subscriber Line Charge	1	6.50
<b>Total Surcharges and Other Fees 7.33</b>			

**Government Fees and Taxes**

Item No.	Description	Quantity	Amount Billed
9.	Federal Excise Tax		.70
10.	FL - State Communications Tax		.71
11.	FL - Local Communications Tax		1.72
12.	Telecommunications Access System Act Surcharge	1	.11
13.	Emergency 911 Service	1	.50
14.	Dade County Manhole Ord #83-3	1	.02
<b>Total Government Fees and Taxes 3.76</b>			

**Total Plans and Services 41.30**

RECEIVED  
2009 SEP 11 AM 10:54  
RISCELLA A THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

Local Services provided by AT&T Florida.

U.S. Pat. D410,950 and D414,510

Your Bank Account  
Will be Debited on

Aug 27, 2009

Amount to  
Be Debited

\$41.30

Billing Date Aug 11, 2009

Account Number

[REDACTED]

LUIS C MORSE  
1246 SW 15TH TER  
MIAMI FL 33145-1618

AT&T  
P.O. BOX 105503  
ATLANTA, GA 30348-5503



STIN ARPS PROPERTY SYSTEM - STREET INQUIRY (13)

STREET ID: 041000 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--  
1200 - 1298 SW 15 TER 0 EVEN

FACE: N PRIMARY ZONE: EMPOWERMENT ZONE: N  
ZIP CODE: 331451618 SD1 ZONE: LATIN QUATERS: N  
CENSUS TRACT: 6403 SD2 ZONE: VOTING DISTRICT: 03  
CENSUS BLOCK: 2015 DDRI ZONE: N  
FIRE 901 ZONE: 0303 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: 210 OMNI TAX DISTRICT: N  
TRASH ROUTE: 00 DDA DISTRICT: N  
STREET CLEAN ROUTE: 000 CD TARGET AREA: 07

NEXT STREET:  
HOUSE NO: QUAD: NAME: TYPE:  
ACTION: 1-CONTINUE ACTION: 01  
XMIT:

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RISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL



The Sunshine State

LICENSE NUMBER  
**M620-523-40-180-0**

**LUIS CARLOS MORSE**  
1246 SW 15TH TERR  
MIAMI, FL 33145-1618

BIRTH DATE	SEX	HGT.	WEIGHT	REST.	ENDORSE
06-26-40	M	6-01	A		
ISSUED	EXPIRES	DUPLICATE			
08-27-03	08-20-10	00-00-00			

Florida DRIVER LICENSE CLASS E

*Luis Carlos Morse*

ORGAN DONOR

SAFE DRIVER

M010383270001

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

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2009 SEP 11 AM 10:54

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CITY CLERK  
CITY OF MIAMI, FL

RECEIVED

2009 SEP 11 AM 10:55

RISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

**LUIS C. MORSE CAMPAIGN ACCOUNT**

1246 SW 15TH TER  
MIAMI, FL 33145

1065

DATE 9-11-09

63-83761/2670  
109

PAY TO THE ORDER OF

*City of Miami*

\$ 68200

*- Sixty thousand eight hundred twenty dollars*

DOLLARS



One Biscayne Tower #109  
2 S Biscayne Blvd  
Miami, FL 33133  
1-888-7-DAY-BANK  
Florida's Most Convenient Bank

FOR

⑆001065⑆ ⑆267083763⑆ 0065097923⑆

*Luca Poma*

Security Features  
Microprint  
Hologram



City of Miami  
**OFFICIAL RECEIPT**

No. **338922**

Date: **09/11/09**

Total \$ **682.00**

Sales Tax \$ **5.00**

100 Dollars

Received from: **John C. Moore Cashways Account**

Address: **2041 SW 15th Terrace Miami, FL 33145**

For: **Monthly Pkgs** Reference No: **12 # 1000**

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: **M. Brown**  
Department: **City Clerk**  
Division:

C FNTM 402 Rev. 03/03

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

**RISCHLEA A. THOMPSON**  
CITY CLERK  
CITY OF MIAMI, FL

2009 SEP 11 AM 10:55

**RECEIVED**