

Candidate Qualification Checklist

QUALIFYING A CANDIDATE		8/24/11
		Print Candidate Name
DOCUMENT PRE-CHECK		<i>Williams Ambrose</i>
<input checked="" type="checkbox"/> Voter's Registration Card <input checked="" type="checkbox"/> Picture ID <input checked="" type="checkbox"/> Proof of Residency <input type="checkbox"/> Campaign Check (Com-\$682 Mayor-\$1,600)/affidavit certificate		
REQUIRED FORMS		
1	Appointment of Campaign Treasurer and Designation of Campaign Depository	<input checked="" type="checkbox"/>
2	Statement of Candidate	<input checked="" type="checkbox"/>
3	Affidavit of Candidate (Check for completeness, do not sign or notarize until end)	<input checked="" type="checkbox"/>
4	Form 1 Statement of Financial Interests for prior year (Check completeness)	<input checked="" type="checkbox"/>
5	State Loyalty Oath	<input checked="" type="checkbox"/>
OPTIONAL FORMS		
6	City Loyalty Oath (Notarize after checking for completeness)	<input checked="" type="checkbox"/>
7	County Ethics Declaration (Check for completeness)	
TO DO		
A	Make 1 copy of Voter's Registration, 3 Copies of Picture ID (copy of copy difficult to read), 1 Copy of Proof of Residency and return originals to candidate.	<input checked="" type="checkbox"/>
B	Copy of Proof of residency for one year prior to qualifying and current time (i.e., copy of deed, mortgage, lease, utility bill, affidavit, etc.) highlight significant dates	<input checked="" type="checkbox"/>
C	Verify that address is appropriate City address and that it falls within district boundary, if running for Commission seat. Print ARPS. Correct District Number is printed on voter's registration card. Highlight and Verify!	<input type="checkbox"/>
D	Copy of Drivers license or other picture ID Highlight name and address.	<input checked="" type="checkbox"/>
E	Copy of Voter's registration card - verify precinct, Highlight precinct, commission district and address	<input checked="" type="checkbox"/>
F	Check from campaign account (\$1,600 for mayor; \$682 for commissioner) made payable to City of Miami. Or Affidavit(s). Or Petition Certificate. Make 1 copy - put original check in safe.	<input checked="" type="checkbox"/> NA
G	Write receipt for check. Make 1 copy, return original to candidate.	<input checked="" type="checkbox"/> NA
H	Make sure every blank is filled and all signatures required are executed. Have candidate take oath that all information is correct to the best of his/her knowledge. . "Do you swear (or affirm) that the statements in the affidavit are true and complete to the best of your knowledge and belief?" They need not answer orally or raise their right hand; subsequent signing of the Affidavit is an adequate affirmation response. Then have candidate sign Affidavit of Candidate form; then clerk signs, dates and notarizes form.	<input checked="" type="checkbox"/>
ASSEMBLE DOCUMENTS		
I	Place Documents in following order: Appt of Treas, Statement of Candidate, Affidavit of Candidate, Form State Loyalty Oath, City Loyalty Oath, Ethics Declaration, Copy of Voter's Registration, Copy of Proof of Residency or affidavit, ARPS, Copy of Driver's License, Copy of Check or affidavit(s), Copy of Receipt.	<input checked="" type="checkbox"/>
J	Time-stamp documents and make 2 sets of copies of all documents. Replace Copy of Driver's license with copy made in Step A. Candidate gets one copy of everything. Second set of copies are sent to Supervisor of Elections.	<input checked="" type="checkbox"/>
L	Give candidate a copy elections package (letter and CD). Briefly highlight the election calendar and the clerk's website and explain contents of CD.	<input checked="" type="checkbox"/>
M	Have candidate sign form (see N below), then make 2 copies	<input checked="" type="checkbox"/>
CANDIDATE ACKNOWLEDGMENT OF RECEIPT		
N	I am in receipt of the elections package containing a CD and letter from the City Clerk and I have been provided copies of my time-stamped qualification documents.	
	<i>Wm A Ambrose</i> Candidate Signature	Date
	<i>Not Present</i> Treasurer Signature	Date

RECEIVED
 AUG 25 PM 5:02
 FRISCOLLA, THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL.

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

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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11 MAR -2 AM 11:37
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CITY CLERK
CITY OF MIAMI, FL

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)
Williams Alfred Armbrister

3. Address (include post office box or street, city, state, zip code)
3260 Thomas Avenue Miami, Florida 33133
P.O.Box 330025 Miami Florida 33233

4. Telephone
(786) 473-5551

5. E-mail address
brotherarm@comcast.net

6. Office sought (include district, circuit, group number)
Commissioner District 2

7. If a candidate for a nonpartisan office, check if applicable:
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a
 Write-In No Party Affiliation WAA Party candidate.

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

10. Name of Treasurer or Deputy Treasurer
Mamie L. Armbrister

11. Mailing Address
3260 Thomas Avenue

12. Telephone
(305) 632-4691

13. City
Miami

14. County
Dade

15. State
Florida

16. Zip Code
33133

17. E-mail address
eimam@comcast.net

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank
Coconut Grove Bank

20. Address
2701 South Bayshore Drive

21. City
Miami

22. County
Dade

23. State
Florida

24. Zip Code
33133

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date
February 28, 2011

26. Signature of Candidate
 Mamie L. Armbrister

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, Mamie L. Armbrister, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

February 28, 2011
Date

Mamie L. Armbrister
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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11 MAR -2 AM 11:37
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, Williams Alfred Armbrister,

candidate for the office of Commissioner District 2;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X Williams Alfred Armbrister
Signature of Candidate

02-28-2011
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

RECEIVED
2011 AUG 26 PM 4:55
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

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

Williams A. Armbrester (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Williams A. Armbrester.
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 2 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. 532.

I presently reside at the following address (must include zip code):
3260 Thomas Avenue Miami, Florida 33133,
which is my legal address, and I have resided continually at said address from the 1st day of March 2009 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)

SAME

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

SAME

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

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

N/A

10. Affiant's occupation: RETIRED

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).

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.

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CITY CLERK
CITY OF MIAMI, FL.

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;

3260 THOMAS AVENUE MIAMI, FLORIDA 33133

Affiant's campaign treasurer's name:

MAMIE L. ARMBRISTER

*Affiant's campaign treasurer's address:

3260 THOMAS AVENUE, MIAMI, FLORIDA 33133

Telephone numbers: (work) (305) 585-6401

(home) (305) 445-3787

*[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:

Williams Alfred Armbrister Sr.

SIGNED THIS 26 DAY OF August, 2011.

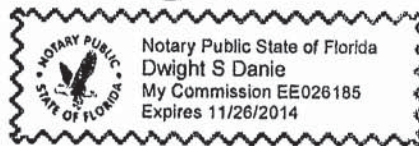
Wm. A. Armbrister
AFFIANT

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

[Signature]

CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: Driver's License A 651-881-51-408-1

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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 :

Armbrister Williams Alfred

MAILING ADDRESS :

P.O. Box 330225

Miami

33133

Dade

CITY :

ZIP :

COUNTY :

City of Miami

NAME OF AGENCY :

Commissioner District 2

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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CITY CLERK
CITY OF MIAMI, FL.

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

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 (must check one):

DECEMBER 31, 2010 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 (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
N/A		

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

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] (If you have nothing to report, you must write "none" or "n/a")

Home - 3260 Thomas Avenue - Miami, 33133
Home 11400 S.W. 224 St - Miami 33170

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.]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

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 CITY CLERK
 CITY OF MIAMI, FL.

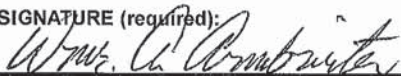
PART E — LIABILITIES [Major debts]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]
(If you have nothing to report, you must write "none" or "n/a")

	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):
 08-26-2011

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
2011 AUG 26 PM 1:55
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI
OFFICE USE ONLY

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH NO PARTY AFFILIATION

I, Williams Alfred Armbreister
First Name Middle Name/Initial Last Name

a citizen of the State of Florida and of the United States of America, and being [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.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Williams Alfred Armbreister Sr.
(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 with no party affiliation for the office of Commissioner, 2
(office) (district #)

 , ; I am a qualified elector of Miami Dade County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

Wm. A. Armbreister (786) 473-5551 BROTHERARMS@COMCAST.NET
Signature of Candidate Telephone Number Email Address

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Williams Alfred Armbreister

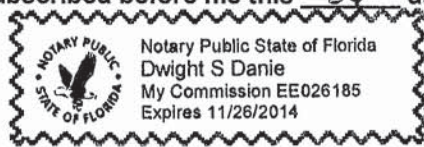
STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 26 day of August, 2011.

Personally Known: _____ or _____

Produced Identification: Driver's License



[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: Driver's License A651-881-51-408-1

LOYALTY OATH

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

(Please Print)

I, Williams _____ A _____ Armbriester _____
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.

Wm. A. Armbriester _____
Signature of Candidate

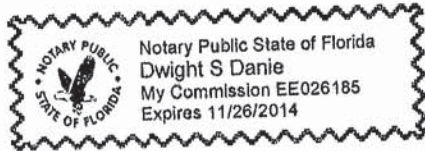
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NICOLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

OATH OF CANDIDATE
OFFICE OF CITY OF MIAMI COMMISSIONER

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

Williams Alfred Armbriester Sr. _____
(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 2; 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 Section 99.021, 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.



Wm. A. Armbriester _____
Signature of Candidate

3060 Thomas Ave _____
Address

Miami Florida 33133 _____
City State ZIP Code

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

and subscribe before me this 26 day of August, 2011.

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

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

Personally Known OR Produced Identification Type of Identification Produced Drivers License
A651-981-51-408-1



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

Williams Alfred Armbrister
3260 Thomas Ave
Miami FL 33133

Kat Enfomasyon Votè
Kontè Miami-Dade, FL
ISSUED
EMITIDA
ENPRIME
03/23/11

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

Prati pote yon pyès idantifikasyon
ki gen foto w ap vin vote.

Registration No.
Núm. de inscripción
Nim. Enskripsyon
109046208

Voting Location | Ubicación de la votación | Lokal Biwo Vot
Christ Episcopal Church
3481 Hibiscus St

Precinct No. | Identification Data | Registration Date
Núm. del recinto | Datos de identificación | Fecha de inscripción
Nim. Biwo Vot | Enfo. Idantifikasyon | Dat Enskripsyon
532 | 11/8/1951 | 1/29/1972

Party Affiliation | Afilación partidista | Pati Politik
FLORIDA DEMOCRATIC PARTY

Lester Sola

Supervisor of Elections | Supervisor de Elecciones | Sipévizè 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 elije pou w vote pou reprézantan ki nan distri ki ekri anba la yo.

Congress Kongrè	State Senate Senado Estatal Sena Eta a	Slate House Cámara Estatal Lachannm Eta a	18	39	113
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County Commission Comisión del Condado Komisyón Konte	School Board Junta Escolar Asamble Edifikasyon	Community Council Consejo Comunitario Konsèy Kominitè	7	9	0
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Municipal | Municipal | Municipality
MIAMI

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

2011 AUG 26 PM 4: 56

RECEIVED



Miami-Dade Elections Department
Departamento de Elecciones de Miami-Dade
Departman Eleksyon Miami-Dade

Please contact us by:

phone | 305-499-VOTE (8683)
e-mail | register@miamidade.gov
mail | PO Box 521550 • Miami, FL 33152
fax | 305-499-8371

• If you need to change your political party, name, and/or address to another Florida county, you must complete a new voter registration form.

Forms can be downloaded by going to our website at www.miamidade.gov/elections or by going to a branch office. Call 305-499-VOTE for the closest location.

• Cambio de dirección dentro del Condado de Miami-Dade
Por favor, comuníquese con nosotros por:

teléfono | 305-499-VOTE (8683)
correo electrónico | register@miamidade.gov
correo | PO Box 521550 • Miami, FL 33152
fax | 305-499-8371

• Para cambiar su partido político, nombre y/o su dirección para otro condado de la Florida es necesario rellenar un nuevo formulario de inscripción electoral.

Estos formularios están disponibles en www.miamidade.gov/elections o en una oficina sucursal. Llame al 305-499-VOTE para averiguar la dirección de la ubicación más cercana a usted.

• Chanjman adrès andedan Konte Miami-Dade
Tanpri kontakre nou pa:

telefon | 305-499-VOTE (8683)
imel | register@miamidade.gov
lapòs | PO Box 521550 • Miami, FL 33152
faks | 305-499-8371

• Pou chanje pati politik, non ak/oswa adrès w a yon lòt Konte Florid li nesese pou ranpli yon nouvo fòm enskripsyon Votè.

Fòm yo disponib sou sitwèb nou an nan www.miamidade.gov/elections oswa nan yon sikisal biwo nou. Rele 305-499-VOTE pou jwenn sa ki pre lakay w.

Any questions? | ¿Preguntas? | Okenn kesyon?
305-499-VOTE (8683)



State Farm®

State Farm Mutual Automobile Insurance Company

7401 Cypress Gardens Boulevard
Winter Haven FL 33888

AT1 461E -6618 A

ARMBRISTER, MAMIE & WILLIAM
3260 THOMAS AVE
MIAMI FL 33133-5826

PREMIUM NOTICE

POLICY NUMBER 336 2405 F10 59B

JUN 10 2011 to DEC 10 2011

DATE DUE

PLEASE PAY THIS AMOUNT

THIS IS NOT A BILL.

Coverages and Limits Premiums

Table with 2 columns: Coverage and Premiums. Includes Liability, Bodily Injury, Property Damage, No Fault, 500 Deductible Comprehensive, 500 Deductible Collision, Emergency Road Service, Car Rental & Travel Expense, 80% Per Day, \$1,000 Max, Premium Amount, Plus, FHCF Assessment, Total Premium.

Your premium has already been adjusted by the following:

Table with 2 columns: Premium Reductions and Amount. Includes Multiple Line, Antilock Brakes, Multicar, Antitheft, Vehicle Safety, Accident-Free, Homeownership.

RECEIVED
MAY 26 PM 4:56
CITY OF MIAMI, FL

Your premium is based on the following... If not correct, contact your agent.
2008 CHRYSLER PT CRUISE VIN: 2A8HR54P58R684647

Class 6D8F40C000

Drivers of vehicles in your household...
Principal driver is age 50 - 74 and there are no unmarried drivers under 25 assigned to this car.

As of JUN 10 2011 our records show the principal driver of this vehicle will be age 59

Ordinary use of vehicle...
To and from work or school, not more than 100 miles weekly.
Driven over 7,500 miles annually. (National average is 12,000 miles annually.)

Additional Information...
Original cost of customization none or up to \$1,000.
Your State Farm Payment Plan number is 1107482119.

Your policy has increased 1.3% due to the Florida Hurricane Catastrophe Fund Assessment.
The claim experience on your make and model of vehicle has resulted in an increase to your vehicle rating group for comprehensive coverage.

Your Vehicle Safety Discount has been increased for your personal injury protection and medical payments coverage.
The claim experience on your make and model of vehicle has resulted in an increase to your liability rating group for bodily injury and/or property damage coverages.
Please see the premium adjustment message on the back of this notice for an explanation.

You are receiving the Homeownership Discount because a resident non-employee driver reported to us owns a residence that they live in at least part of the time. Please contact your agent if this is no longer accurate.

Your premium may be influenced by the drivers listed below and other individuals permitted to operate your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy. The drivers listed below are the drivers reported to us that own or regularly operate any vehicle in your household.

WILLIAM ARMBRISTER, MAMIE L ARMBRISTER.

If the above information is incomplete or inaccurate, or if you want to confirm the information we have in our records please contact your agent.

Based on your driving record, you have our Accident-Free Discount for preferred customers.

Thanks for letting us serve you.
Agent RICHARD G KING INS AGCY INC
Telephone (305)235-3633

6776766720
See reverse side for important information.
Please keep this part for your record.
Prepared APR 21 2011



STATE FARM INSURANCE COMPANIES

State Farm Mutual Automobile Insurance Company

7401 Cypress Gardens Boulevard
Winter Haven FL 33888

AT1 461E -6618 A

ARMBRISTER, MAMIE & WILLIAM
3260 THOMAS AVE
MIAMI FL 33133-5826

PREMIUM NOTICE

Table with columns: POLICY NUMBER (3413161-A19-59), DATE DUE (JAN 19 2010 to JUL 19 2010), DATE DUE, PLEASE PAY THIS AMOUNT, THIS IS NOT A BILL.

Your premium is based on the following... If not correct, contact your agent.

2006 VOLKSWAGEN JETTA VIN 3VWDT81K36M723190

Class 6D0030H000

Drivers of vehicle in your household...

Principal driver is age 50-74 and there are no unmarried drivers under 25 assigned to this car.

As of JAN 19 2010 our records show the principal driver of this vehicle will be age 54.

Ordinary use of vehicle...

To and from work or school, not more than 100 miles weekly. Driven over 7,500 miles annually. (National average is 12,000 miles annually.)

Additional information...

Your State Farm Payment Plan number is 1107482119.

Your policy has increased 1% due to the Florida Hurricane Catastrophe Fund Assessment.

The claim experience on your make and model of vehicle has resulted in an increase to your vehicle rating group for comprehensive coverage.

The claim experience on your make and model of vehicle has resulted in an increase to your vehicle rating group for collision coverage.

Please see the premium adjustment message on the back of this notice for an explanation.

Your premium may be influenced by the drivers listed below and other individuals permitted to operate your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy.

WILLIAM ARMBRISTER, MAMIE L ARMBRISTER.

If the above information is incomplete or inaccurate, or if you want to confirm the information we have in our records please contact your agent.

Table with columns: Coverages and Limits, Premiums. Includes rows for Liability, Bodily Injury, Property Damage, No Fault, Deductible Comprehensive, Deductible Collision, Emergency Road Service, Car Rental & Travel Expense, Premium Amount, FHC Assessment, Total Premium.

Your premium has already been adjusted by the following:

Table with columns: Premium Reductions, Amount. Includes rows for Multiple Line, Antilock Brakes, Antitheft, Vehicle Safety, Accident-Free.

RECEIVED
AUG 26 PM 4:56
RISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Based on your driving record, you have our Accident-Free Discount for preferred customers.

Thanks for letting us serve you...

Agent RICHARD G KING INS AGCY INC
Telephone (305)235-3633

67 7966 1263
See reverse side for important information
Please keep this part for your record:

Prepared NOV 30 2009

STREET ID: 108450 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--
3200 - 3298 THOMAS AV 0 EVEN

FACE: E PRIMARY ZONE: EMPOWERMENT ZONE: N
ZIP CODE: 331335826 SD1 ZONE: LATIN QUATERS: N
CENSUS TRACT: 7200 SD2 ZONE: VOTING DISTRICT: 02
CENSUS BLOCK: 1001 DDRI ZONE: N
FIRE 901 ZONE: 0452 SEOPWDRI ZONE: N
FIRE SFBC ZONE: 3A HIST PRESVN DIST: N
NBHD CODE: 12 SCENIC CORRIDOR: N
SUB NBHD CODE: 02 PEDESTRIAN PATHWAY: N
SOLID WASTE ROUTE: 212 OMNI TAX DISTRICT: N
TRASH ROUTE: 00 DDA DISTRICT: N
STREET CLEAN ROUTE: 000 CD TARGET AREA: 08

NEXT STREET:

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

RECEIVED
2011 AUG 26 PM 4:56
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

Florida *The Sunshine State*

CDL CLASS A
A651-881-51-408-1

WILLIAMS ALFRED ARMBRISTER
 3260 THOMAS AVE
 COCONUT GROVE, FL 33193-6826

DOB: **11-08-1951** SEX: M HGT: 6-00
 ISSUED: 03-07-2005 EXPIRES: 12-08-2011

Wm. A. Armbrister
 ENDORSEMENTS: N
 EXPIRES DATE: 12-08-2008

T060812080163 **SAFE DRIVER** **MOTORCYCLE ALSO**
 Operation of a motor vehicle constitutes consent to any sobriety test required by law.

RECEIVED
 2011 AUG 26 PM 4:56
 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL.

RESTRICTIONS:

ENDORSEMENTS: N-Tank Vehicles

CLASS: A - Any Tractor/Trailer with a GVWR of 26,001 LBS. or more.

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE.
 The State of Florida retains all property rights herein.



Executive Director *Sandra C. Lambert*
 Electra Theodorides-Bystie
 Sandra C. Lambert
 Director of Driver Licenses
 T060812080163

www.hsmv.state.fl.us



010027687600211



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-VOTE F 305-499-8547
TTY: 305-499-8480

miamidade.gov

CERTIFICATION

Batch 1

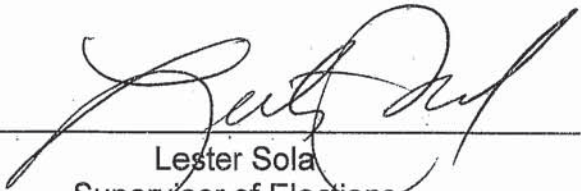
STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

RECEIVED
2011 AUG 26 PM 4: 56
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

I, Lester Sola, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 596 signatures submitted by Williams Armbrister for the office of Commissioner – District 2 in the City of Miami matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 16th DAY OF
AUGUST, 2011


Lester Sola
Supervisor of Elections
Miami-Dade County

RECEIVED
2011 AUG 19 AM 9:01
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

Delivering Excellence Every Day



August 16, 2011

Priscilla A. Thompson, CMC
City Clerk
City of Miami
3500 Pan American Drive
Miami, FL 33133

RECEIVED
2011 AUG 26 PM 4: 58
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

Dear Ms. Thompson:

The Miami-Dade Elections Department has completed the verification of the petitions for Williams Armbrister, a candidate for Commissioner – District 2 in the City of Miami. A total of 729 petitions were submitted and all of the petitions were reviewed for verification. Of the total 729 petitions, 596 were certified. There will be no charge for the additional petitions that were verified.

For purposes of petition verification, the Code of Miami-Dade County states that petitions shall be disqualified for the following reasons:

- Title not being in English, Spanish, and Creole
- Circulator was not a registered voter in Miami-Dade County
- Notary did not comply with F.S. 117.05
- Notary was the same person as the circulator
- Signatures of the circulator and the notary were dated earlier than any of the dates on which the electors signed the petition

However, for municipal petitions, my office does not review this information and encourages the municipality to ensure compliance with municipal charter or code requirements.

As such, please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact me at 305-499-8509 or Rosy Pastrana, Deputy Supervisor of Elections for Voter Services at 305-499-8548.

Sincerely,

Lester Sola
Supervisor of Elections
Miami-Dade Elections Department

Enclosure (1)

Delivering Excellence Every Day