

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED
2013 SEP 13 AM 9:44
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

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

Alejandro Dominguez (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Alejandro Dominguez.

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. 567.

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

521 SW 23 Road Miami, Florida 33129, which is my legal address, and I have resided continually at said address from the 10th day of August, 2006 to the present.

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

Prior Addresses
~~_____
_____~~

For the Period
~~_____
_____~~

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)

521 SW 23 Road Miami, Florida 33129

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

521 SW 23 Road Miami, Florida 33129

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:

Teva Pharmaceuticals
1090 Horsham Rd North Wales, PA

10. Affiant's occupation: Pharmaceutical Sales

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

5 months

(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).

Bio-Scrip (Account Executive)

10050 Crosstown Circle Suite 300 Eden Prairie, MN 55344

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/sh (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 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:

1801 Coral Way #401 Miami, FL 33145 305-860-1010

Affiant's campaign treasurer's name:

Alejandro Dominguez

*Affiant's campaign treasurer's address:

521 SW 23 Road Miami, FL 33129

Telephone numbers: (work) 786-210-2366

(home) 305-858-0420

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*[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:

Alex Dominguez

SIGNED THIS 13 DAY OF September, 2013.

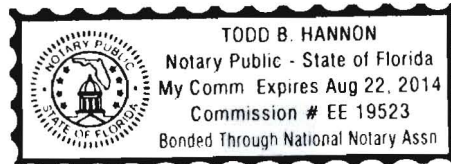
Alex Dominguez
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Alejandro Dominguez, who, after first being duly sworn, deposes and states that Alejandro Dominguez 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: Florida Driver's License

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Dominguez Alejandro Raul

MAILING ADDRESS :

521 SW 23 Rd

Miami 33129 Dade

CITY : ZIP : COUNTY :

City of Miami

NAME OF AGENCY :

Commissioner District 3 City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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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, 2012 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). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(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
Medicis Pharma	7720 North Dobson Rd Scottsdale, AZ 85256	Pharmaceutical Sales
South Florida Properties	300 Sevilla Ave # 205 Coral Gables, FL 33134	Real Estate sales

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, 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 - See instructions]

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

Home (521 SW 23 Rd)
Miami, FL 33129

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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA - Retirement	Wells Fargo Securities
(2) College Plans (Florida)	Florida pre-paid College Plan

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America	P.O. Box 5170 Simi Valley, CA 75265

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (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			
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			

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 OFFICE OF ANTI-CORRUPTION
 CITY OF TAMPA, FL

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

Alex D. [Signature]

9/12/13

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).

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.

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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

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2013 SEP 13 AM 9:45

OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

OFFICE USE ONLY

**CANDIDATE OATH -
CANDIDATE WITH NO PARTY AFFILIATION**

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Alex Dominguez
(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 City of Miami Commissioner, 3
(office) (district #)
~~_____~~; I am a qualified elector of 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; 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Alex Dominguez (786) 210-2366 ardmiami@yahoo.com
Signature of Candidate Telephone Number Email Address

521 SW 23 Rd Miami Florida 33129
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109909448

* 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):

Alex Dominguez

STATE OF FLORIDA
COUNTY OF Dade

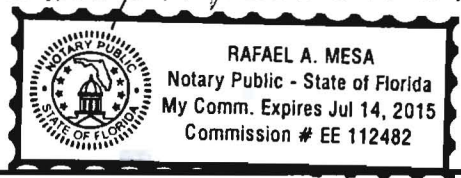
Sworn to (or affirmed) and subscribed before me this 09 day of September, 20 13.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: Florida Driver License

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



LOYALTY OATH

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

(Please Print)

I, Alejandro R. Dominguez
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.

Alex D
Signature of Candidate

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OFFICE OF THE 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

Alex Dominguez
(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.

Alex D
Signature of Candidate

521 SW 23 Rd
Address

Miami, FL 33129
City State ZIP Code

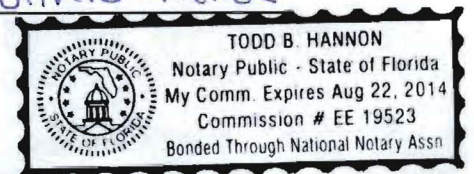
The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribe before me this 13th day of September, 2013.

(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 FL Driver's License



AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT

I, Alejandro Dominguez, a candidate for the office of Commissioner District 3 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 Alex Dominguez.

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

Alex Dominguez
Signature of Affiant
521 SW 23 Rd

Miami, FL 33129
Address of Affiant

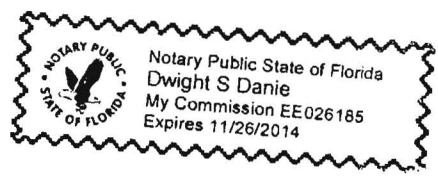
Sworn to (or affirmed) and subscribed before me this 13 day of September, 2013

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

Personally Known or Produced Identification

Type of Identification Produced: Driver's License

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CITY OF MIAMI, FL



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OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

City of Miami
Office of the City Clerk
3500 Pan American Drive
Miami, FL 33133

To whom it may concern

I, Alejandra Dominguez candidate for City of Miami
Commissioner District 3, do hereby swear, that I reside at
521 SW 23 Rd Miami, FL 33129, and I have resided at
this address for well over the 1-year qualifying requirements for residency in the District.

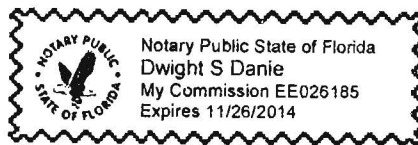
SIGNED THIS 13 DAY OF September 2013

Alex D
AFFIANT

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

[Signature]
Signature of Notary Public – State of Florida

(SEAL)



Did take an oath
 Produced identification

Type of identification produced: Driver's License



Miami-Dade Property Appraiser
111 NW 1 Street, Suite 710
Miami, Florida 33128-1984

NOTICE OF PROPOSED PROPERTY TAXES AND
PROPOSED OR ADOPTED NON-AD VALOREM ASSESSMENTS
MIAMI-DADE COUNTY TAXING AUTHORITIES

**DO NOT PAY
THIS IS NOT A BILL**

790014 B2R



01

0101

FOLIO: 01-4138-010-1150
MILLAGE CODE: 0100

ALEJANDRO DOMINGUEZ &M
ERIKA DE SANTU DOMINGUEZ
521 SW 23 RD
MIAMI, FL 33129-1927

PROPERTY ADDRESS:
521 SW 23 RD

LEGAL DESCRIPTION:
38-39 54 41
BRICKELL ESTATES PB 17-52
LOT 7 BLK 45

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CITY OF MIAMI, FL

TAXING AUTHORITIES										
TAX INFORMATION TAXING AUTHORITY	COLUMN 1		COLUMN 2		COLUMN 3		COLUMN 4 If NO Budget Change is Adopted		COLUMN 5 If Proposed Budget Change is Adopted	
	Last Year's Taxable Value	Last Year's Tax Rate (millage)	Your Property Taxes Last Year	Current Taxable Value	Tax Rate (millage)	Taxes	Tax Rate (millage)	Taxes		
MIAMI-DADE COUNTY: Countywide	135,818	4.7035	638.82	138,976	4.4097	612.84	4.7035	653.67		
Library	135,818	0.1725	23.43	138,976	0.1608	22.35	0.1725	23.97		
PUBLIC SCHOOLS: By State Law	160,818	5.5570	893.67	163,976	5.1406	842.94	5.3960	884.81		
By Local Board	160,818	2.2080	355.09	163,976	2.0426	334.94	2.2480	368.62		
MUNICIPAL: Miami	135,818	7.5710	1,028.28	138,976	6.9420	964.77	7.6148	1,058.27		
WATER MANAGEMENT: SFMM District	135,818	0.3676	49.93	138,976	0.3523	48.96	0.3523	48.96		
Everglades CP	135,818	0.0613	8.33	138,976	0.0587	8.16	0.0587	8.16		
INDEPENDENT DISTRICT: F.I.N.D.	135,818	0.0345	4.69	138,976	0.0332	4.61	0.0345	4.79		
Children's Trust	135,818	0.5000	67.91	138,976	0.4662	64.79	0.5000	69.49		
VOTER APPROVED DEBT PAYMENTS: County Debt	135,818	0.2850	38.71	138,976	0.4220	58.65	0.4220	58.65		
School Debt	160,818	0.2330	37.47	163,976	0.3330	54.60	0.3330	54.60		
City Debt	135,818	0.9000	122.24	138,976	0.8162	113.43	0.8162	113.43		
TOTAL AD VALOREM PROPERTY TAXES			3,268.57			3,131.04		3,347.42		
TOTAL AD VALOREM AND NON-AD VALOREM PROPERTY TAXES			3,648.57			3,511.04		3,727.42		

HEARING INFORMATION	
TAXING AUTHORITY	PUBLIC HEARING DATE, LOCATION AND TIME
Miami-Dade County	9/10, 5:01 PM, COMMISSION CHAMBERS, 111 NW 1 ST, 2ND FL, (305) 499-8766
Public Schools	9/03, 6:00 PM, SCHOOL BOARD AUDITORIUM, 1450 NE 2 AVE, MIAMI, (305) 995-1226
Miami	9/12, 5:05 PM, CITY HALL COMMISSION CHAMBERS, 3500 PAN AMERICAN DR, (305) 416-1502
SFMM Dist & Everglades CP	9/12, 5:15 PM, SFMM AUDITORIUM, 3301 GUN CLUB RD, B-1 BLDG, MPB, FL, (561) 686-8800
F.I.N.D.	9/13, 5:30 PM, TOWN OF PALM BEACH SHORES, TOWN HALL, 247 EDWARDS LN, (561) 627-3386
Children's Trust	9/09, 5:01 PM, UNITED MAY-ANSIN BLDG, RYDER ROOM, 3250 SW 3 AVE, MIAMI, (305) 571-5700


NON-AD VALOREM ASSESSMENTS				
LEVYING AUTHORITY	PURPOSE OF ASSESSMENT <small>Provided on this notice at request of respective governing boards. Tax Collector will include on November Tax Bill</small>	UNITS	RATE	ASSESSMENT
CITY OF MIAMI	SOLID WASTE (305) 416-1570	1.00	380.0000	380.00
TOTAL NON-AD VALOREM ASSESSMENTS (This amount is included in Total Property Taxes above)				380.00

PROPERTY APPRAISER			
VALUE INFORMATION	MARKET VALUE	ASSESSED VALUE <small>School Levy</small>	ASSESSED VALUE <small>Non-School Levy</small>
PRIOR VALUE (2012)	185,818	185,818	185,818
CURRENT VALUE (2013)	230,831	188,976	188,976
ASSESSMENT REDUCTIONS	APPLIES TO	2012 REDUCTION AMOUNT	2013 REDUCTION AMOUNT
Save Our Homes Benefit	All Taxes	0	41,855
EXEMPTIONS	APPLIES TO	2012 EXEMPTION AMOUNT	2013 EXEMPTION AMOUNT
First Homestead	All Taxes	25,000	25,000
Additional Homestead	Non-School Taxes	25,000	25,000


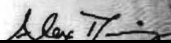
If you feel the market value of the property is inaccurate or does not reflect fair market value, or if you are entitled to an exemption or classification that is not reflected, please contact the Miami-Dade Property Appraiser at: (305) 375-4712 111 NW 1 STREET 8TH FLOOR (8:00 AM TO 5:00 PM)
If the Property Appraiser is unable to resolve the matter as to the market value, classification, or an exemption, you may file a petition for adjustment with the Value Adjustment Board. Petition forms are available online at http://www.miami-dadeclerk.com/property_vab.asp. Petitions must be filed on or before SEPT. 17, 2013.

Your final tax bill may contain non-ad valorem assessments which may not be reflected on this notice, such as assessments for road, fire, garbage, lighting, drainage, water, sewer, or other governmental services and facilities which may be levied by your county, city, or any special district.

Florida *The Sunshine State*
DRIVER LICENSE CLASS E



ALEJANDRO RAUL DOMINGUEZ
521 SW 23 RD
MIAMI, FL 33129-0000
DOB: 09-10-1969 SEX: M HGT: 6-03
ISSUED: 09-23-2008
EXPIRES: 09-10-2014
REST-
ENDORSE



DRIVER
constitutes consent to any sobriety test required by law.

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OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL



Voter Information Card
Miami-Dade County, FL

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

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Alejandro Raul Dominguez
521 SW 23Rd Rd
Miami FL 33129

ISSUED
EMITIDA
ENPRIME

**Bring photo identification
when voting.**

08/27/13

Registration No.
Núm. de inscripción
Nim. Enskripsyon

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

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

109909448

Voting Location | Ubicación de la votación | Lokal Biwo Vòt

Simpson Park Recreation Building
55 SW 17 Rd

Precinct No.
Núm. del recinto
Nim. Biwo Vòt

Date of Birth
Fecha de Nacimiento
Dat Nesans

Registration Date
Fecha de inscripción
Dat Enskripsyon

567

9/10/1969

8/31/2000

Party Affiliation | Afiliación partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

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

Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lacham Eta a
27	40	112
County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asanble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
5	6	N/A

Municipal | Municipal | Minisipalite

MIAMI DIST 3



RECEIVED
2013 SEP 13 AM 9:45
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL


ALEJANDRO DOMINGUEZ CAMPAIGN
ACCOUNT INC.

63-8655 43
2660

148

Date 9/13/13

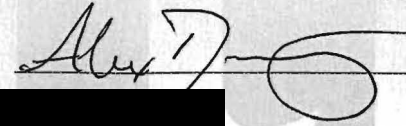
Pay to the order of City of Miami \$ 682.00

Six hundred eighty two Dollars  Security Features
Include:
Details on Back.

citibank

CITIBANK, N.A. BR. #43
1600 CORAL WAY
MIAMI, FL 33145

Memo Qualifying

Alex D 

MP

⑆ 266086554⑆



City of Miami
OFFICIAL RECEIPT

No. 418344

\$ 682 Sales Tax \$ - Total \$ 682 Date: 9/13/13

Six Hundred Eighty Two and 00/100 /100 Dollars

Received from: Alejandro Dominguez Campaign

Address: 1801 Coral Way #401 Miami FL 33145

For: Qualifying Fee Reference No: CHK# 148

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: Todd Hannon

Department: Office of the City Clerk

Division: _____

C FN/TM 402 Rev. 03/03

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

OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

2013 SEP 13 AM 9:45

RECEIVED