

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
2013 SEP 18 AM 11:36
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

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

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)

JEFFREY BENJAMIN

3. Address (include post office box or street, city, state, zip code)

3001 SW 27TH Ave Miami Fl 33133

4. Telephone

()

5. E-mail address

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

Mayor

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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

LAUREN ALEXON

11. Mailing Address

3001 SW 27TH Ave Miami Fl 33133

12. Telephone

(305-741-2148

13. City

14. County

15. State

16. Zip Code

17. E-mail address

18. I have designated the following bank as my

Primary Depository

Secondary Depository

19. Name of Bank

Bank of America

20. Address

Coconut Grove

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

Sept. 18th, 2013

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Lauren Alexon (Please Print or Type Name), do hereby accept the appointment

designated above as:

Campaign Treasurer

Deputy Treasurer.

Sept. 18th, 2013
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

September 18th, 2013.

To whom it may concern:
Giovanni Benjamin is no longer
treasurer for Jeff Benjamin for Mayor
Campaign & Lauren Alexon is now
treasurer.

Lauren Alexon
Jeff Benjamin

RECEIVED
2013 SEP 18 AM 11:36
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA

RECEIVED
2013 SEP 18 AM 11:36
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

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

JEFFREY ANTHONY BENJAMIN (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is JEFFREY ANTHONY BENJAMIN
2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner please check and fill in the blank in subsection (b) below:
 - (a) I am offering myself as a candidate for the office of Mayor of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of Miami for the duration of my term of office.
 - (b) I am offering myself as a candidate of the office of Commissioner in District Number ___ of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the district for the duration of my term of office.
3. I have resided in the City of Miami for a minimum of one year before qualifying if applying for Mayor, and one year in the district if applying for the Commission, and I am a registered voter and a duly qualified elector of the City of Miami, Florida, presently registered to vote in precinct No. 546.

I presently reside at the following address (must include zip code):
3001 SW 27TH Ave Miami Fl 33133,
which is my legal address, and I have resided continually at said address from the 1 day of May, 2010 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>2462 SW 26 Lane</u>	<u>8 yrs</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:

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

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

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:

Baptist Hospital 8900 N Kendall Dr, Miami, FL 33176

10. Affiant's occupation: (Neurophysiologist EEG)

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

10 yrs

(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).

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.

RECEIVED
2013 SEP 18 AM 11:36
OFFICE OF THE 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:

3001 SW 27th Ave Miami FL 33133

Affiant's campaign treasurer's name:

LAUREN ALEXON

*Affiant's campaign treasurer's address:

3001 SW 27TH Ave Miami FL 33133

Telephone numbers: (work) 305-741-2148

(home) _____

RECEIVED
2013 SEP 18 AM 11:36
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

*[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:

JEFF Benjamin

SIGNED THIS 18 DAY OF September, 2013.

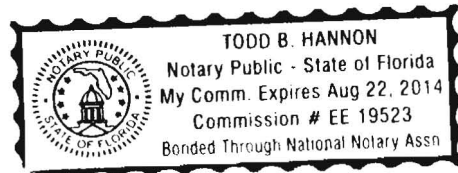
[Signature]
AFFILIANT

BEFORE ME, the undersigned authority, personally appeared Jeffrey Anthony Benjamin, who, after first being duly sworn, deposes and states that Jeffrey Anthony Benjamin 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: FL 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 :

JEFFREY BENJAMIN

MAILING ADDRESS :

3001 SW 27TH Ave Miami FL 33133

CITY : Miami ZIP : 33133 COUNTY :

NAME OF AGENCY : City Of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
CITY MAYOR OF MIAMI

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

RECEIVED
2013 SEP 18 AM 11:36
 OFFICE OF THE CITY CLERK
 CITY OF MIAMI, FL

****** 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
Baptist Hospital	8900 N Kendall Dr, Miami, FL 33176	

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

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")

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

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

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")

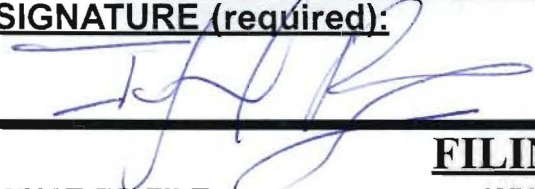
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

RECEIVED
 213 SEP 18 AM 11:36
 OFFICE OF THE CITY CLERK
 CITY OF MIAMI, FL

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

SIGNATURE (required):

DATE SIGNED (required):



9-18-2013

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.

CANDIDATE OATH -
CANDIDATE WITH NO PARTY AFFILIATION

RECEIVED
2013 SEP 18 AM 11:36
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL
OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, JEFF BENJAMIN

(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 MAYOR, 1 (office) (district #)
1 (circuit #), 1 (group or seat #); I am a qualified elector of Miami Dade County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X

Jeff Benjamin (Signature of Candidate) (305) 741-2148 (Telephone Number) Pr@JeffbenjaminforMayor.com (Email Address)

3001 SW 24th Ave (Address) Miami (City) FL (State) 33133 (Zip Code)

Candidate's Florida Voter Registration Number (located on your voter information card): 115548893

* 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):

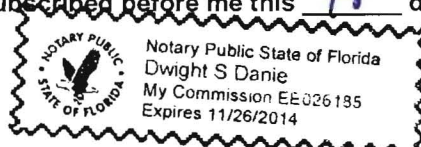
STATE OF FLORIDA
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 18 day of September, 2013.

Personally Known: ✓ or

Produced Identification: ✓

Type of Identification Produced: Dwight's License



Dwight S. Danie (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, JEFFREY
First Name

ANTHONY
Middle Initial

BENJAMIN
Last Name

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office ... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

[Signature]
Signature of Candidate

RECEIVED
2013 SEP 18 AM 11:36
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

OATH OF CANDIDATE

OFFICE OF THE CITY OF MIAMI MAYOR

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

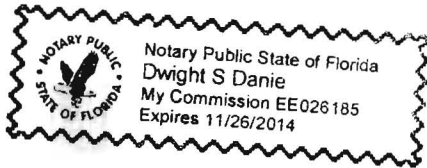
JEFF Benjamin
(Please print name as you wish it to appear on ballot)

who being sworn, says he/she is a candidate for the office of **City of Miami Mayor** at large; that he/she is a qualified elector of the City of Miami, Florida; that he/she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; that he/she has taken the oath required by 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.

[Signature]
Signature of Candidate

3001 Sw 27th Ave
Address

Miami FL 33133
City State ZIP Code



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

and subscribed before me this 18 day of September, 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 Dan's Law

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

RECEIVED
2013 SEP 18 AM 11:36
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

To whom it may concern

I, Jeff Benjamin candidate for City of Miami
Mayor, do hereby swear, that I reside at
3001 SW 27th Ave, and I have resided at
this address for well over the 1-year qualifying requirements for residency in the District.

SIGNED THIS 18 DAY OF September 2013

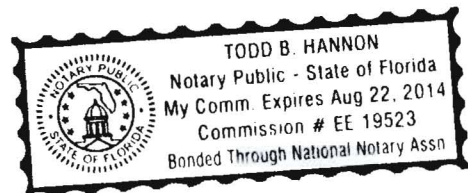
[Signature]
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Jeffrey Anthony Benjamin 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: FL Driver's License

AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT

I, JEFFREY Anthony Benjamin a candidate for the office of Sanctra Mayor do hereby certify, pursuant to Florida Statutes 99.0955 that I have been generally known by, or have used as part of my legal name, the adopted nickname JEFF Benjamin

RECEIVED
2013 SEP 18 AM 11:36
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

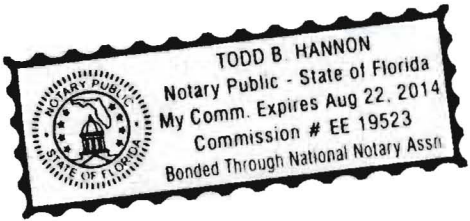
I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

[Signature]
Signature of Affiant
3001 SW 27th Ave

Miami FL 33133
Address of Affiant

Sworn to (or affirmed) and subscribed before me this 18th 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: FL Driver's License

AFFIDAVIT OF FINANCIAL HARDSHIP

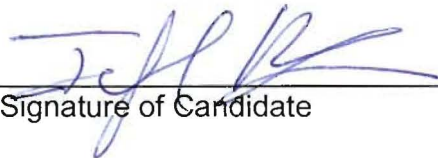
RECEIVED
2013 SEP 18 AM 11:36
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

I, JEFFREY BENJAMIN, a candidate for the office of
CITY MAYOR do hereby certify, pursuant

to Section 99.093, Florida Statutes, that I am unable to pay the 1% election assessment to qualify for nomination or election to public office because paying the assessment would be an undue burden on my personal financial resources or on the financial resources available to me.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT IT IS A TRUE AND CORRECT STATEMENT.

9-18-2013
Date


Signature of Candidate

3001 Sw 27th Ave
Miami FL 33133
Address of Candidate

RECEIVED
2013 SEP 18 AM 11:36
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, JEFFREY BENJAMIN candidate for CITY MAYOR OF MIAMI
of the City of Miami do hereby swear, that I reside at
3001 SW 27TH Ave Miami Fl 33133, and I have resided at this
address for over the 1-year qualifying requirements for residency.

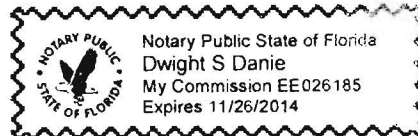
SIGNED THIS 18 DAY OF September, 2013.

[Signature]
AFFIANT

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

[Signature]
Signature of Notary Public – State of Florida

(SEAL)



Did take an oath
 Produced identification

Type of identification produced: HEK



Voter Information Card
Miami-Dade County, FL

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

Kat Enfòmasyon Vòtè
Konte Miami-Dade, FL

Jeff Benjamin
3001 SW 27Th AVE APT 301
Miami FL 33133-4682

ISSUED
EMITIDA
ENPRIME
06/08/12

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

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

Registration No.
Núm. de inscripción
Nim. Enskripsyon

115548893

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Miami City Hall
3500 Pan American Dr

Precinct No.
Núm. del recinto
Nim. Biwo Vòt
546

Date of Birth
Fecha de Nacimiento
Dat Nesans
5/10/1967

Registration Date
Fecha de inscripción
Dat Enskripsyon
10/22/2007

Party Affiliation | Afiliación partidista | Pati Politik

NO PARTY AFFILIATION

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
27

State Senate
Senado Estatal
Sena Eta a
35

State House
Cámara Estatal
Lacham Eta a
112

County Commission
Comisión del Condado
Komisyon Konte
7

School Board
Junta Escolar
Asanble Edikasyon
6

Community Council
Consejo Comunitario
Konsèy Kominotè
0

Municipal | Municipal | Minisipalite
MIAMI



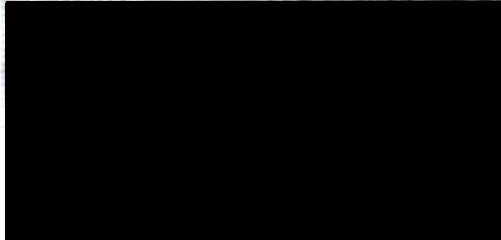
RECEIVED
2013 SEP 18 AM 11:37
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

Florida *The Sunshine State*

IDENTIFICATION CARD

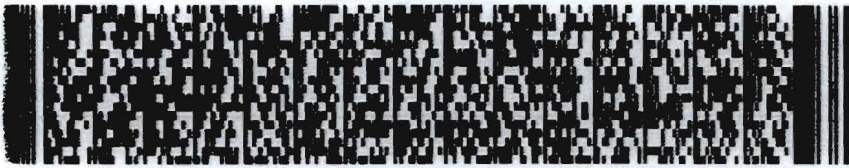


**JEFFREY ANTHONY
BENJAMIN**
3001 SW 27 AVE APT 308
MIAMI, FL 33133-0000
DOB: 05-10-1967 SEX: M
ISSUED: 09-27-2011 HGT: 5-08
EXPIRES: 06-10-2020



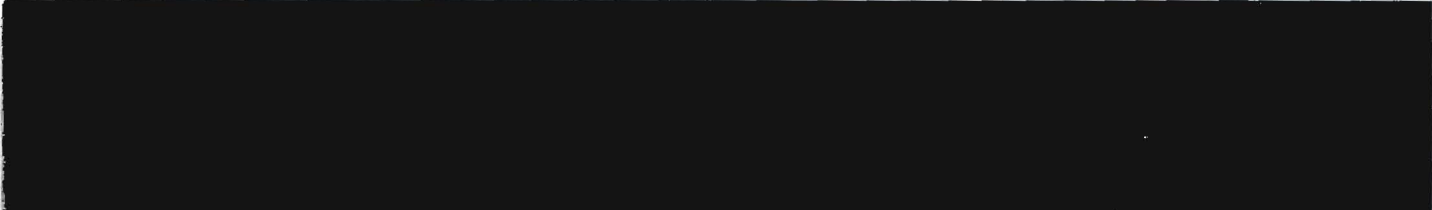
RECEIVED
2013 SEP 18 AM 11:37
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

The State of Florida retains all property rights herein.



Executive Director *Julie Jones*
Julie Jones
Sandra C. Lambert *Sandra C. Lambert*
Director of Motorist Services
T041109270018
Rev Date 07-01-11

www.flhsmv.gov



0100219851011144