

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA

RECEIVED
2013 SEP 16 PM 4:11
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

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

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

1. My name is Williams A. Ambrister.
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. 532.

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

3260 THOMAS AVENUE MIAMI, FLORIDA, which is my legal address, and I have resided continually at said address from the 25 day of April, 1995 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:

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

3260 THOMAS AVENUE MIAMI, FLORIDA

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

3260 THOMAS AVENUE MIAMI, FLORIDA

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:

NA

10. Affiant's occupation: Retired

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

NA

(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).

NA

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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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) 205-6440

(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:

Armbriester, Williams A.

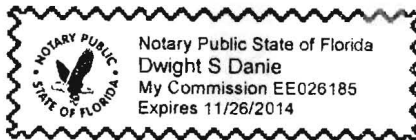
SIGNED THIS 16 DAY OF September, 2013.

Wm. A. Armbriester
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Williams Armbriester, 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: Dan's License

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

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OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Armbrister, Williams Alfred

MAILING ADDRESS:

3260 Thomas Avenue

Miami, Florida 33133 Dade

CITY: ZIP: COUNTY:

NAME OF AGENCY:

City of Miami Mayor

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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
N/A		

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")

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
NA	

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	

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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	NA		
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):

[Handwritten Signature]

09-16-13

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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CITY OF MIAMI, FL

OFFICE USE ONLY

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

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Armbrister, Williams A.

(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 Mayor, 1
(office) (district #)

1, 1; 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; 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 Williams A. Armbrister
Signature of Candidate

(305)205-6440
Telephone Number

Brotherarm@comcast.net
Email Address

3260 Thomas Ave.
Address

Miami
City

Florida
State

33133
Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109046208

* 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):

WIL-E-YUMS ARM-BRIS-TER

STATE OF FLORIDA

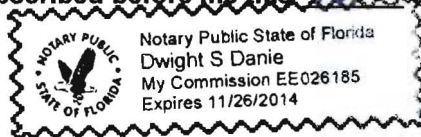
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 16 day of September, 2013.

Personally Known: or

Produced Identification:

Type of Identification Produced: Driver's License



Dwight S Danie
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

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

OFFICE USE ONLY

STATE OF FLORIDA

Miami-Dade

COUNTY

(PLEASE PRINT)

I,

Williams

First Name

A

Middle Name/Initial

Armbrister

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,

Armbrister, Williams A

(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

City of Miami Mayor

(office)

(district)

(circuit)

(group)

. I am a qualified elector of

Miami-Dade

County, Florida. I am qualified

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

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE

X

Wm. A. Armbrister

Signature of Candidate

3260 THOMAS AVENUE

Mailing Address

(305) 205-6440

Day Phone

ON DEMAND

Fax Number

Miami

City

Florida

State

33133

Zip Code

09-16-13

Date Signed

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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

Williams Alfred Armbrister
3260 Thomas Ave
Miami FL 33133

ISSUED
EMITIDA
ENPRIME

**Bring photo identification
when voting.**

08/26/13

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

Registration No.
Núm. de inscripción
Nim. Enskripsyon

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

109046208

Voting Location | Ubicación de la votación | Lokal Biwo Vòt

Christ Episcopal Church
3481 Hibiscus St

Precinct No. Núm. del recinto Nim. Biwo Vòt	Date of Birth Fecha de Nacimiento Dat Nesans	Registration Date Fecha de inscripción Dat Enskripsyon
532	11/8/1951	1/29/1972

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. puerle 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	35	112
County Commission Comision del Condado Komisyon Konte	School Board Junta Escolar Asamble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
7	6	N/A

Municipal | Municipal | Minisipalite
MIAMI DIST 2



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CITY OF MIAMI, FL



Florida *The Sunshine State*
CDL CLASS A

[REDACTED]

WILLIAMS ALFRED
ARMBRISTER
3260 THOMAS AVE
COCONUT GROVE, FL 33133-0000
DOB 11-08-1951 SEX M
ISSUED: 01-19-2012 HGT 6-00
EXPIRES: 11-08-2019
REST: A
ENDORSE: N

[REDACTED]

MOTORCYCLE ALSO

Operating a motor vehicle constitutes consent to any sobriety test required by law.

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CITY OF MIAMI, FL

LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE
CITY OF MIAMI

(Please Print)

I, Williams _____
First Name Middle Initial Last Name
A _____
Middle Initial
Armbriester _____
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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CITY OF MIAMI, FL

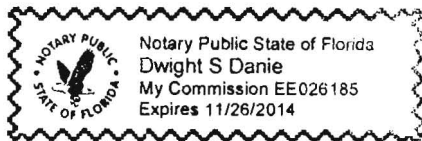
OATH OF CANDIDATE

OFFICE OF THE CITY OF MIAMI MAYOR

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

Williams A. Armbriester _____
(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.



Wm. A. Armbriester _____
Signature of Candidate

3260 Thomas Avenue _____
Address

Miami, Florida 33133 _____
City State ZIP Code

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

and subscribed before me this 16 day of September, 2013.

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

(Print Type, or Stamp Commissioned Name of designated Notary Public) Dwight Danie

Personally Known OR Produced Identification Type of Identification Produced Danie's Licens

AFFIDAVIT OF FINANCIAL HARDSHIP

I, Williams A. Armbreister, a candidate for the office of City of Miami 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.

09-16-13
Date

Wm. A. Armbreister
Signature of Candidate

3260 THOMAS AVENUE
Miami, Florida 33133
Address of Candidate

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CITY OF MIAMI, FL

AFFIDAVIT OF FINANCIAL HARDSHIP

I, Williams A. Armbrister, a candidate for the office of City of Miami Mayor do hereby certify, pursuant to Section 16-7, City of Miami Code, that I am unable to pay the \$100 election qualifying fee for nomination or election to public office because paying the fee would be an undue burden on my personal financial resources or on the financial resources available to me.

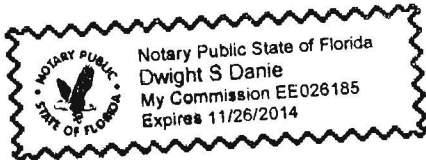
I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Williams A. Armbrister

Signature of Affiant

3260 THOMAS AVENUE

Address of Affiant



Sworn to (or affirmed) and subscribed before me this 16 day of

September, 2013

D. S. Danie

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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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, Williams A. Armbrister
Mayor candidate for City of Miami
3260 Thomas Avenue, do hereby swear, that I reside at
this address for well over the 1-year qualifying requirements for residency in the District.

SIGNED THIS 16 DAY OF September.

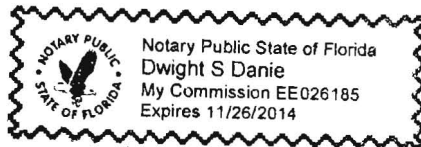
Williams A. Armbrister
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Williams Armbrister, 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: Dan's License

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