

Candidate Qualification Checklist

QUALIFYING A CANDIDATE

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2010 AUG 21 PM 5:41

Print Candidate Name

DOCUMENT PRE-CHECK

Voter's Registration Card Picture ID Proof of Residency Campaign Check (Com-5082 Mayor \$1,600/Commissioner \$682) Affidavit/Certificate

**PRISCILLA A. WILKINSON
CITY CLERK
CITY OF MIAMI, FL**

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)	<input checked="" type="checkbox"/>

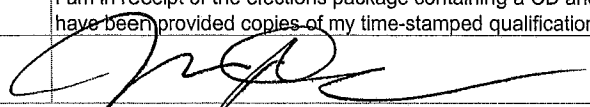
TO DO

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 runn for Commission seat. Print ARPS. Correct District Number is printed on voter's registration card. Highlight and Verify!	<input checked="" 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"/>
G	Write receipt for check. Make 1 copy, return original to candidate.	<input checked="" type="checkbox"/>
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 1, 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 candiate 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.	<input checked="" type="checkbox"/>
		08/21/10

Signature

Date

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY
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2010 APR -9 PM 2:25

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

MANUEL RICHARDSON

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

2093 SW FIRST STREET, MIAMI FL 33135

4. Telephone (optional)

(305) 812-3985

5. E-mail address (optional)

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

CITY OF MIAMI COMMISSIONER DIST # 1

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

MANUEL RICHARDSON

11. Mailing Address (If post office box or drawer, also include street address)

2093 SW FIRST STREET

12. Telephone

(305) 812-3985

13. City

MIAMI

14. County

MIAMI DADE

15. State

FL

16. Zip Code

33135

17. E-mail address (optional)

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

19. Name of Bank

BANCO POPULAR NORTH AMERICA

20. Street Address

13490 NW 7 AVE

21. City

MIAMI

22. County

MIAMI DADE

23. State

FLORIDA

24. Zip Code

33161

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

04/02/10

26. Signature of Candidate

X 

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

I, MANUEL RICHARDSON, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

04/02/10

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE TYPE)

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2010 MAR -4 PM 2:55
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate MANUEL RICHARDSON	1. Address (include post office box or street, city, state, zip code) 2093 SW FIRST STREET, MIAMI FL 33135
---	--

Telephone (optional) 305-812-3985	2. Party (Partisan candidates only) NON-PARTISAN	3. Office (add district, circuit or group number) MIAMI COMMISSIONER DIST # 1
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
MANUEL RICHARDSON

5. Mailing Address (If post office box or drawer add street address) 2093 SW FIRST STREET	6. Telephone 305-812-3985
---	-------------------------------------

7. City MIAMI	8. County MIAMI DADE	9. State FLORIDA	10. Zip Code 33142
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank BANK OF AMERICA	12. Street Address 2195 SW 8 STREET
--	---

13. City MIAMI	14. County MIAMI DADE	15. State FL	16. Zip Code 33135
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17. Signature of Candidate X 	Date 3/3/10
--	-----------------------

Campaign Treasurer's Acceptance of Appointment

I, MANUEL RICHARDSON, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of MANUEL RICHARDSON


who is seeking nomination or election as a NON-PARTISAN candidate to the office of
(Party)

COMMISSIONER DIST # 01 . As a duly registered voter in MIAMI COMMISSIONER DIST # 1

County, Florida, I am qualified to accept this appointment.

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

 3/3/10
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY
2010 MAR -4 PM 2:55

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, MANUEL RICHARDSON,

candidate for the office of CITY OF MIAMI COMMISSIONER DIST # 1 ;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

03/03/10

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).

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CITY CLERK
CITY OF MIAMI, FL

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA

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

Manuel Richardson (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is MANUEL RICHARDSON

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 1 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. 527.

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

2442 NW 29th Street, Miami, FL 33142,
which is my legal address, and I have resided continually at said address from the 1 day of JUN, 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
<u>6565 W 2nd CT #207</u>	<u>Feb-03 - JUN 06</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:

NA

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

2442 NW 29th Street, Miami, FL 33142

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TRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI

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

N/A

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

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

M.R. GENERAL SERVICE INSURANCE
2093 SW 1st Street Miami FL 33135

10. Affiant's occupation: INS. AGENT

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

Jan, 1996 - Present

(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:

2093 SW 1st Street Miami FL 33135-

Affiant's campaign treasurer's name:

Manuel Richardson

*Affiant's campaign treasurer's address:

2093 SW 1st Street Miami FL 33125

Telephone numbers: (work) 305-699-9333 305-812-3985

(home) _____

*[A Campaign Treasurer or Deputy Treasurer shall be a registered voter in the State of Florida.]

15. Affiant represents that, if elected, he shall serve in the elective office to which he/she seeks election.

16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot:

MANUEL RICHARDSON

SIGNED THIS 21 DAY OF August, 2010.

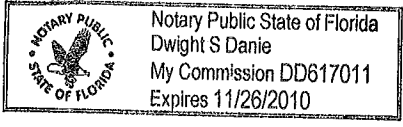
AFFIANT

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

CITY CLERK,
CITY OF MIAMI, FLORIDA

PO

(SEAL)



Did take an oath

Produced identification

Type of identification produced: DL R 263-540-53-4550

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

RICHARDSON MANUEL

MAILING ADDRESS :

2093 SW FIRST STREET

CITY :

MIAMI

ZIP :

33142

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

CITY OF MIAMI-~~COMMISIONER~~

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY OF MIAMI COMMISSIONER DIST # 1

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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 PRISCILLA A. THOMPSON
 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 (check one):

DECEMBER 31, 2009 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]
(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
M. R GNERAL SERVICE INS	2093 SW FIRST STREET, MIAMI FL 33135	INSURANCE AGENT

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
NATIONSWIDE MORTGAGE CORP	MORTGAGE BROKER	2093 SW 1 STREET, MIAMI FL	MORTGAGE BROKER BUSINESS
MTV REALTY INC	REALTOR	2093 SW 1 STREET, MIAMI FL	REAL ESTATE CORP

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]
(If you have nothing to report, you must write "none" or "n/a")

2442 NW 29TH STREET, MIAMI FL 33142

2945 NW 97TH STREET, MIAMI FL 33147

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
IRA ACCOUNT	ANNUITY INVESTOR LIFE INSURANCE
SAVING ACCOUNT	SALLIE MAE

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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
CHASE HOME LOAN LLC	P.O.BOX 81507, ATLANTA GA 81507
BANK OF AMERICA	P.O.BOX 1675 CORAOPOLIS PA 15108
JM&PO INVESTMENT CO	16260 NW 84TH PL, MIAMI LAKES FL 33018

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	M.R GENERAL SERVICE INS	NATIONSWIDE MORTGAGE GROUP CORP	
ADDRESS OF BUSINESS ENTITY	2093 SW FIRST STREET, MIAMI FL 33135	2093 SW FIRST STREET, MIAMI FL 33135	
PRINCIPAL BUSINESS ACTIVITY	INSURANCE AGENCY	MORTGAGE BROKER BUSINESS	
POSITION HELD WITH ENTITY	OWNER/AGENT	PRESIDENT/MORTGAGE BROKER	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	
NATURE OF MY OWNERSHIP INTEREST	100	SHARES	

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

SIGNATURE (required): 	DATE SIGNED (required): 08/21/10
--	----------------------------------

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.

LOYALTY OATH

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2010 AUG 21 PM 5:36

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

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

I, Manuel _____ Richardson _____

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.

[Signature]
Signature of Candidate

OATH OF CANDIDATE

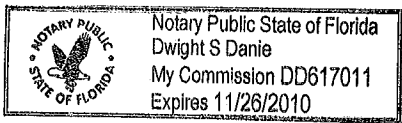
OFFICE OF CITY OF MIAMI COMMISSIONER

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

Manuel Richardson
(Please print name as you wish it to appear on ballot)

who being sworn, says, he is a candidate for the office of City of Miami Commissioner, District 7; that he is a qualified elector of the City of Miami, Florida; that he is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he desires to be elected; that he has taken the oath required by ss. 876.05 – 876.10, Florida Statutes; that he 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 seeks; and that he has resigned or taken a leave of absence from any office from which he is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.

[Signature]
Signature of Candidate



2442 NW 29th Street
Address
MIAMI FL 33142
City State ZIP Code

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

and subscribe before me this 21st day of August, 2010.

(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) Dwight S. Danie

Personally Known OR Produced Identification Type of Identification Produced DL - R263-540-53-455-0

Miami-Dade Elections Department

Depatman Eleksyon Miami-Dade

2700 NW 87 Avenue • Miami, FL 33172
(305) 499-VOTE (8683)

Address Change Within Miami-Dade County

Please contact us by:
phone | 305-499-VOTE (8683)
fax | 305-499-8547
e-mail | register@miamidade.gov

To change your:

Address Outside Miami-Dade County or Political Party or Signature Update

Requires completion of a voter registration form available at <http://elections.miamidade.gov>

Cambio de dirección dentro del Condado de Miami-Dade

Por favor comuníquese con nosotros por:
teléfono | 305-499-VOTE (8683)
fax | 305-499-8547
correo electrónico | register@miamidade.gov

Para cambiar su:

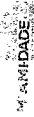
Dirección fuera del Condado de Miami-Dade o su partido político o actualizar su firma
Es necesario rellenar un formulario de inscripción electoral disponible en <http://elections.miamidade.gov>

Chanjinan Adrés Lè Nan Konte Miami-Dade

Tanpri kontakte nou pa:
telefon | 305-499-VOTE (8683)
faks | 305-499-8547
imel | register@miamidade.gov

Pou w fè chanjinan:

Lè Andeyò Konte Miami-Dade oswa Pati Politik oswa Mete Sivati Ajou
Egzije ke w ranpli yon fòm enskripsyon votè ki disponib nan <http://elections.miamidade.gov>



Voter Information Card
Miami-Dade County, FL

Kat Enfòmasyon Votè
Kontè Miami-Dade, FL

RICHARDSON, MANUEL
2442 NW 29TH ST
MIAMI FL 33142

Bring photo identification
when voting.

ISSUED
06/29/06

Registration No.
114337309

Party Affiliation
DEM

Registration Date
06/10/06

Party Affiliation
DEM

Registration Date
06/10/06

Polling Place
JUAN P DUARTE PARK
1776 NW 28 ST

Supervisor of Elections | Supervisor de Elecciones | Siprevizè Eleksyon

W e fòlò pa w wote pou reprezantan ki nan distrikt ki akri anba la you.

Congress 018
State Senate 033
State House 113

County Commission
School Board
Community Council



Municipal | MI01

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

2010 AUG 21 PM 5:36

RECEIVED



Delivering Excellence Every Day

Miami-Dade Water and Sewer Department
P O Box 026055
Miami, Fl. 33102-6055

Name: MANUEL RICHARDSON
Account Number: 5043724200
Billing Date: 06/30/2010
Past Due Date: 07/21/2010

Billing Inquiries (hours 8:00 - 7:00 PM) 305-665-7477
All Other Inquiries (hours 8:00 - 7:00 PM) 305-665-7488

Messages

PAY your bill and VIEW your account on-line at www.miamidade.gov/wasd. To PAY by phone, call 1-877-565-9300 to use a checking account or 1-877-729-5590 to use a credit card.

If you are involved in a foreclosure situation, the County has resources to help. You can call 3-1-1 or go online to www.miamidade.gov/foreclosure.

Water Restrictions are Permanent: Odd numbered addresses may water Wed. and Sat. Even numbered addresses may water Thurs. and Sun. Water only before 10 am or after 4 pm. Visit us at www.miamidade.gov/conservation.

Account Summary

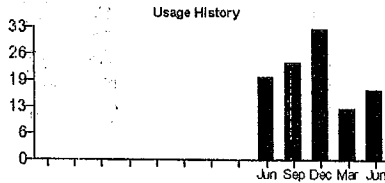
Table with 2 columns: Description and Amount. Rows include Previous Balance (\$ 57.78), Payment Received (-57.78), Current Charges (101.86), and Total Account Balance (\$ 101.86).

Table with 8 columns: Service From, Service To, Meter Number, Days of Service, Prior Reading, Current Reading, Consumption in CCF, Consumption in Gallons. Values: 03/02/10, 06/22/10, 00412263, 112, 558, 580, 22, 16456.

Service Address: 2442 NW 29TH ST, RES



Water Charges



Hydrant Charge
Water Charges
Water Charges Subtotal

2.95
25.91
\$ 28.86 RECEIVED
2010 AUG 21 PM 5:36
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

For more information see back of bill
Return this portion with Payment

Make Checks Payable to Miami-Dade Water and Sewer Department or M-DWASD
P O Box 026055
Miami, Fl. 33102-6055

Table with 5 columns: Account Number, Past Due Date, Amount Due (US \$), Amount Enclosed. Values: 5043724200, 07/21/2010, \$ 101.86, Thank you for your prompt payment.

- Payment in US funds must be received by Miami-Dade Water and Sewer Department by the past due date indicated to avoid discontinuance of service
In accordance with Department Rules and Regulations, a 10% late charge will be assessed if payment is not received by the past due date
Please report any hazardous conditions immediately, call 305-274-9272.

MANUEL RICHARDSON
2442 NW 29TH ST
MIAMI FL 33142-6551



21103758



19/7

Miami-Dade Water and Sewer Department
P O Box 026055
Miami, Fl. 33102-6055

Name: MANUEL RICHARDSON
Account Number: 5043724200
Billing Date: 06/30/2010
Past Due Date: 07/21/2010

RECEIVED
2010 AUG 21 PM 5:36
PRISCILLA A. CLERK
CITY OF MIAMI, FL
Billing Inquiries (hours 8:00 A.M. - 7:00 P.M.) 305-365-7477
All Other Inquiries (hours 8:00 A.M. - 7:00 P.M.) 305-665-7488
Page 2 of 3

Water Fees and Taxes

Meter Number: 00412263

Utility Service Fee 1.95
Excise Tax 2.59
Water Fees and Taxes Subtotal \$ 4.54

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
03/02/10	06/22/10	00412263	112	558	580	22	16456

Sewer Charges



Sewer Charges 51.66
Sewer Charges Subtotal \$ 51.66

Sewer Fees

Utility Service Fee 3.88
Sewer Fees Subtotal \$ 3.88

Description of Billing Terms

1. DEPOSIT REFUND/CREDIT - Customers with a good credit history will have their deposit credited to their account. Good credit history is defined as a period of two (2) years with no service cutoffs or tampering violations combined with a record of less than three (3) late payments for a quarterly customer or less than five (5) late payments (for a monthly customer). Customers closing their accounts will be refunded their deposit, less any amount still due.
2. Consumption CCF (hundred cubic feet) - The department bills in hundred cubic feet which is expressed as CCF. One CCF is equivalent to 748 gallons. (For example: 10 CCF x 748 gallons = 7,480 gallons)
3. UTILITY SERVICE FEE - All water and sewer utilities in Miami-Dade County are required to pay this fee to support regulatory activities of the Department of Environmental Resources Management.
4. HYDRANT CHARGE - A charge to the customer for the hydrant water service and for the installation, maintenance and repair of the hydrants. Customers in the unincorporated areas of Miami-Dade County and certain municipalities are billed this charge if their property is located within a radius of 660 feet of an existing fire hydrant, as per Miami-Dade County Code.
5. EXCISE TAX - This is a charge imposed by Unincorporated Miami-Dade County or certain municipalities. It is collected and remitted to either Miami-Dade County or the appropriate municipality.

AREA OFFICES

For payment of bills and requests for application for water and sewer service.

3575 South LeJeune Road
HOURS: 7:30 A.M. - 4:30 P.M.
(2 blocks south of So. Dixie Highway)

10710 S.W. 211th Street
HOURS: 8:00 A.M. - 4:30 P.M.
(South Dade Government Center)

5400 N.W. 22nd Avenue
HOURS: 8:00 A.M. - 4:30 P.M.
(Caleb Service Center)

140 West Flagler Street
HOURS: 8:00 A.M. - 1:00 P.M.
2:00 P.M. - 4:30 P.M.
(Miami-Dade Flagler Building)

3071 S.W. 38th Avenue
HOURS: 8:00 A.M. - 5:00 P.M.
(Douglas Road Metrorail Station)

EVERY DROP COUNTS!

For information on the Water Conservation Program, Call 311.

¡Cada Gota Cuental

Para información sobre el programa de ahorrar agua, llame al 311.

Miami-Dade Water and Sewer Department
P O Box 026055
Miami, Fl. 33102-6055

Name: **MANUEL RICHARDSON**
 Account Number: **5043724200**
 Billing Date: **09/04/2009**
 Past Due Date: **09/25/2009**

RECEIVED
2010 AUG 21 PM 5:36
 Billing Inquiries (hours 8:00 - 7:00 PM) 305-665-7477
 All Other Inquiries (hours 8:00 - 7:00 PM) 305-665-7488
 PRISONER'S CLERK MANUEL RICHARDSON
 CITY OF MIAMI, FL
 Page 1 of 2

Messages

PAY your bill and VIEW your account on-line at www.miamidade.gov. To PAY by phone, call 1-877-565-9300.
NEED MORE TIME TO PAY YOUR BILL?
Call 305 665-7477 and apply for a two-week extension using our 24-HOUR automated system.

Account Summary

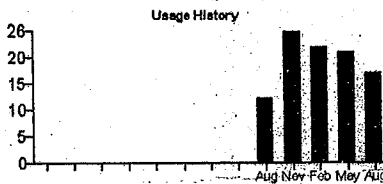
Previous Balance \$ 111.98
 Payment Received -111.98
 Current Charges 80.51
Total Account Balance \$ 80.51

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
05/28/09	08/26/09	00412263	90	486	504	18	13464

Service Address: 2442 NW 29TH ST, RES



Water Charges



Hydrant Charge 2.40
 Water Charges 20.37
Water Charges Subtotal \$ 22.77

Water Fees and Taxes

Meter Number: **00412263**

Utility Service Fee 1.52
 Excise Tax 2.04
Water Fees and Taxes Subtotal \$ 3.56

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
05/28/09	08/26/09	00412263	90	486	504	18	13464

For more information see back of bill
 Return this portion with Payment

Make Checks Payable to Miami-Dade Water and Sewer Department or M-DWASD
P O Box 026055
Miami, Fl. 33102-6055

Account Number	Past Due Date	Amount Due (US \$)	Amount Enclosed
5043724200	09/25/2009	\$ 80.51	Thank you for your prompt payment

- Payment in US funds must be received by Miami-Dade Water and Sewer Department by the past due date indicated to avoid discontinuance of service
- In accordance with Department Rules and Regulations, a 10% late charge will be assessed if payment is not received by the past due date
- Please report any hazardous conditions immediately, call 305-274-9272.

MANUEL RICHARDSON
2442 NW 29TH ST
MIAMI FL 33142-6551



11105106



005407



Account Number 8495 60 044 1798552
 Billing Date 08/14/10
 Total Amount Due \$34.35
 Payment Due By 09/03/10
 Page 1 of 2

Contact us: @ www.comcast.com 305-COMCAST

Manuel Richardson

For service at:
 2442 NW 29TH ST
 MIAMI, FL 33142-6551

News from Comcast

A Career Opportunity is Knocking! Comcast is hiring Residential Sales Reps in South Florida. If interested, please email your resume to sfla_dsr@cable.comcast.com.

Payment Centers -
 Miami: 1306 NW 7th Ave.,
 Hialeah: 2151 W 62nd St., Mon - Fri 9am-6pm, Sat. 10am-2pm,
 Coral Gables: 388 Minorca Ave., Mon - Fri. 8:30am-6:pm,
 (Closed 1pm-2pm), Sat. 10am-2pm. For your convenience,
 Check Cashing Stores process Comcast payments.

Want one less check to write? Sign up for Comcast automatic payment and have your monthly payment withdrawn automatically. Go to www.comcast.com.

Monthly Statement Summary

Previous Balance	103.94
Payment - 08/02/10 - Thank You	-90.00
New Charges - see below	20.41
Total Amount Due	\$34.35
Payment Due By	09/03/10

New Charges Summary

XFINITY TV	29.90
Partial Month Charges & Credits	-16.11
<i>Changes were made to your account this month. See the following pages for more details.</i>	
Other Charges & Credits	3.99
Taxes, Surcharges & Fees	2.63
Total New Charges	\$20.41

Thank you for being a valued Comcast customer!

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 WILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

Detach and enclose this coupon with your payment. Please write your account number on your check or money order. Do not send cash.



1306 NW 7TH AVE MIAMI FL 33136-2330
 8495 6000 NO RP 14 08152010 YYNNNY 01 003759

MANUEL RICHARDSON
 2442 NW 29TH ST
 MIAMI, FL 33142-6551

Account Number 8495 60 044 1798552
 Payment Due By 09/03/10
 Total Amount Due \$34.35
 Amount Enclosed \$

Make checks payable to Comcast

COMCAST
 PO BOX 530098
 ATLANTA GA 30353-0098



849560044179855200034355



Service Details

Account Number	8495 60 044 1798552
Billing Date	08/14/10
Total Amount Due	\$34.35
Payment Due By	09/03/10

Page 2 of 2

Contact us: @ www.comcast.com 305-COMCAST



XFINITY TV

Limited Basic	08/21 - 09/20	21.95
HDTV Service	08/21 - 09/20	7.95
Total XFINITY TV		\$29.90



Partial Month Charges & Credits

Because we had already billed you when the latest changes were made to your account, we have adjusted this bill. Listed in this section are credits and/or charges for these changes.

Effective 07/10/10, HD Monthly-add'l at a monthly rate of \$11.90 was removed from your account.

Adjustments for services removed 07/10/10

HD Monthly-add'l	07/10 - 08/20	-16.11
42 days @ \$0.3835/day based on a monthly rate of \$11.90		

Total Partial Month Charges & Credits - \$16.11

Other Charges & Credits

Late Fee	07/29	2.00
Reactivation Fee	08/03	1.99
Total Other Charges & Credits		\$3.99

Taxes, Surcharges & Fees

TV

Taxes, Surcharges & Fees, cont.

State Communications Service Tax	1.71
Local Communications Service Tax	1.07
Sales Tax	-0.32
FCC Regulatory Fee	0.08
County Access Fee	0.09
Total Taxes, Surcharges & Fees	\$2.63

Important Account Information

Any check returned for non-sufficient, insufficient or unrecovered funds may be electronically represented to your bank for payment for a period up to 180 days after your check was returned

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 CITY CLERK
 CITY OF MIAMI, FL



Closed Captioning Customers: For assistance call (800)266-2278 or go online for email or live chat at www.comcast.com/support . For written concerns contact: Rick Germano, Comcast Closed Captioning Office, 1701 John F. Kennedy Blvd., Phila., PA 19103-2838, email: Closed_Captioning@Comcast.com, fax: (215) 286-4700 or leave a message on our closed captioning line (215) 286-8000.

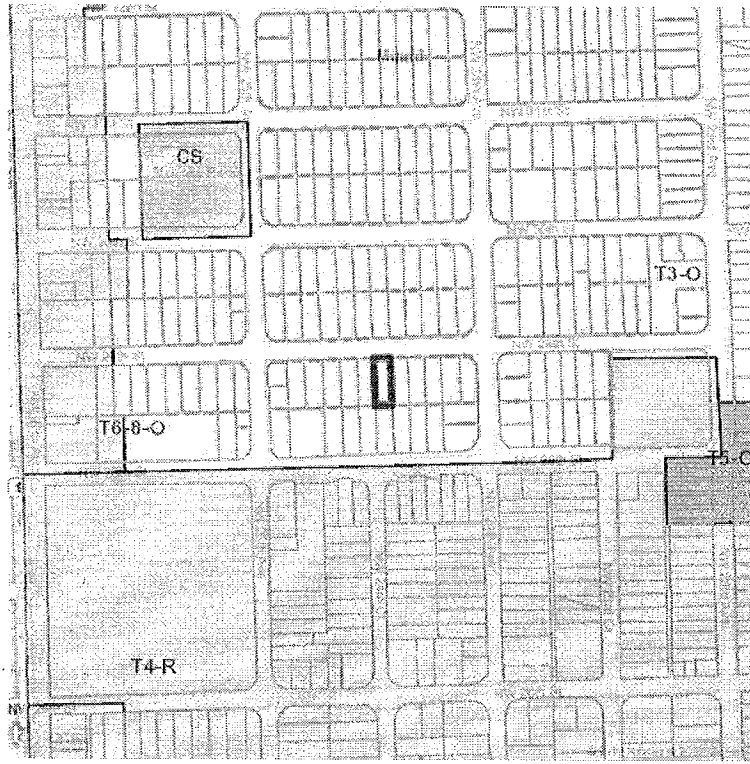
Contact us:

By Email at: www.comcast.com/contactus/
Live Chat at: www.comcastsupport.com/chat
Outside Dade County: 800-568-1212
Hearing/Speech Impaired call 711 for Customer Service
Moving? Call 305-COMCAST

Call us first for service at 305-COMCAST.
Unresolved issues regarding Comcast's Cable Services may be directed to:
FL Dept. Of Agriculture And Consumer Services,
1-800-HELP-FLA. Again, please call us first at 305-COMCAST.



Miami Zoning Details for Address: 2442 NW 29TH ST



- T3 SUB-URBAN
- T4 GENERAL URBAN
- T5 URBAN CENTER
- T6-8 URBAN CENTER
- CS CIVIC SPACE/PARKS

District	Commissioner	Code Enf ID	Code Enf Admin	Code Enf Phone
1	WIFREDO (WILLY) GORT	2	MARIA TOVAR	(305) 329-4800

Net ID	Net Name	Net Phone	Net Fax	Net Admin
5	ALLAPATTAH	(305) 575-5128	(305) 575-5129	

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 CITY CLERK
 CITY OF MIAMI, FL

RESTRICTIONS:

ENDORSEMENTS:

CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs.

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

Executive Director *Electra Theodorides-Buselle*
Electra Theodorides-Buselle
Sandra C. Lambert *Sandra C. Lambert*
Director of Driver Licenses
X620709262224

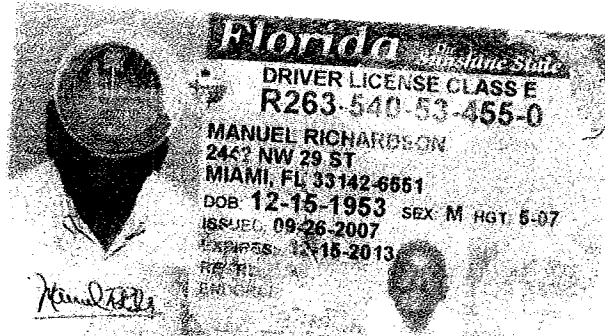


www.hsmv.state.fl.us



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CITY CLERK
CITY OF MIAMI, FL



X620709262224 SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Manuel Richardson Campaign

092

63-1260/631

DATE 08-21-2010

PAY TO THE ORDER OF

City of Miami

\$ 682.⁰⁰/₁₀₀

Six hundred Eighty Two

DOLLARS

Security Features Details on Back



BANCO POPULAR NORTH AMERICA

Candidate Disqualified

FOR Manuel Richardson 2010

[Signature]

⑈000092⑈ ⑆0631⑆2605⑆ 6806928310⑈



City of Miami OFFICIAL RECEIPT

No. 372834

Date: 8/21/2010

\$ 1082 Sales Tax \$ Total \$ 682

Six hundred Eighty Two and 00/100

/100 Dollars

Received from: Manuel Richardson Campaign

Address: 2442 NW 29th St

For: Campaign Qualifier Reference No: Check # 092

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: [Signature] Department: City Clerk Division: Election

C FN/TM 402 Rev. 03/03

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

RECEIVED 2010 AUG 21 PM 5:36 PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI, FL