

Candidate Qualification Checklist

QUALIFYING A CANDIDATE		Print Candidate Name
DOCUMENT PRE-CHECK		<i>Mike Sancy</i>
<input checked="" type="checkbox"/> Voter's Registration Card <input checked="" type="checkbox"/> Picture ID <input checked="" type="checkbox"/> Proof of Residency <input checked="" type="checkbox"/> Campaign Check (Com-\$682 Mayor-\$1,600)/affidavit/certificate		
REQUIRED FORMS		
1	Appointment of Campaign Treasurer and Designation of Campaign Depository	<input checked="" type="checkbox"/>
2	Statement of Candidate	<input checked="" type="checkbox"/>
3	Affidavit of Candidate (Check for completeness, do not sign or notarize until end)	<input checked="" type="checkbox"/>
4	Form 1 Statement of Financial Interests for prior year (Check completeness)	<input checked="" type="checkbox"/>
5	State Loyalty Oath	<input checked="" type="checkbox"/>
OPTIONAL FORMS		
6	City Loyalty Oath (Notarize after checking for completeness)	<input type="checkbox"/>
7	County Ethics Declaration (Check for completeness)	<input type="checkbox"/>

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 CITY CLERK
 CITY OF MIAMI, FL

TO DO		
A	Make 1 copy of Voter's Registration, 3 Copies of Picture ID (copy of copy difficult to read), 1 Copy of Proof of Residency and return originals to candidate.	<input checked="" type="checkbox"/>
B	Copy of Proof of residency for one year prior to qualifying and current time (i.e., copy of deed, mortgage, lease, utility bill, affidavit, etc.) highlight significant dates	<input checked="" type="checkbox"/>
C	Verify that address is appropriate City address and that it falls within district boundary, if running for Commission seat. Print ARPS. Correct District Number is printed on voter's registration card. Highlight and Verify!	<input 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 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 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 of affidavit(s) , Copy of Receipt . <i>Notarize</i>	<input checked="" type="checkbox"/>
J	Time-stamp documents and make 2 sets of copies of all documents. Replace Copy of Driver's license with copy made in Step A. Candidate gets one copy of everything. Second set of copies are sent to Supervisor of Elections.	<input checked="" type="checkbox"/>
L	Give candidate a copy elections package (letter and CD). Briefly highlight the election calendar and the clerk's website and explain contents of CD.	<input checked="" type="checkbox"/>
M	Have candidate sign form (see N below), then make 2 copies	<input checked="" type="checkbox"/>

CANDIDATE ACKNOWLEDGMENT OF RECEIPT		
N	I am in receipt of the elections package containing a CD and letter from the City Clerk and I have been provided copies of my time-stamped qualification documents.	<input checked="" type="checkbox"/>

[Signature]
Signature

8/20/10
Date

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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CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Michel Suarez
1. Address (include post office box or street, city, state, zip code):
5201 NW 7st # 410
MIAMI, FL 33126

Telephone (optional): 305) 979-4934
2. Party (Partisan candidates only): _____
3. Office (add district, circuit or group number): Commission dist #1

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

4. Name of Treasurer or Deputy Treasurer:
Michel Suarez

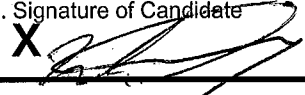
5. Mailing Address (If post office box or drawer add street address): 5201 NW 7st #410
6. Telephone: 305) 979-4934

7. City: MIAMI 8. County: MIAMI Dade 9. State: Florida 10. Zip Code: 33126

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: Interamerican Bank 12. Street Address: 9190 Coral Way

13. City: MIAMI 14. County: MIAMI Dade 15. State: Florida 16. Zip Code: 33165

17. Signature of Candidate: X  Date: 8/20/10

Campaign Treasurer's Acceptance of Appointment

I, Mike Suarez, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Mike Suarez


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

Commissioner . As a duly registered voter in MIAMI Dade

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.

8/20/10
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

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CITY OFFICE USE ONLY
CITY OF MIAMI, FL

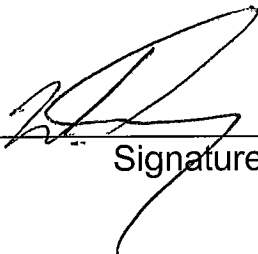
STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, Mike Suarez,
candidate for the office of Miami Commissioner District 1 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

8/24/10
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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AFFIDAVIT OF CANDIDATE

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

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

Michl Suarez (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Michl Suarez.

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. 556.

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

5201 NW 7st #410 MIAMI FL 33126,
which is my legal address, and I have resided continually at said address from the 2006 day of Jan 2009 ~~Ms.~~ 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>411 NW 31 Ave</u>	<u>20 years</u>
<u>MIAMI FL 33126</u>	

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

N/A

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

5201 NW 7st #410 MIAMI FL 33126

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:

123 Bonding 1382 NW 16st MIAMI, FL 33126
MIAMI Dade College 11011 S.W. 104 st # 6319 MIAMI, FL 33144

10. Affiant's occupation: Bondsman / Adjunct Prof.

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

2 years / (3 months MDC)

(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 appointed 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 OF MIAMI, FL

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Suaver "Mike" Michel

MAILING ADDRESS :

5201 NW 7st

410

CITY :

MIAMI, FL

ZIP :

33126

COUNTY :

MIAMI Dade

NAME OF AGENCY :

City of MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner, District 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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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
123 Bonding	1382 NW 16st MIAMI 33125	Bonding (Surety)
MIAMI Dade College	11011 SW 104st # 6319	Adjunct Prof M.S.

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
MIAMI Dade College	11011 SW 104st #6319	11011 SW 104st #6319	Adjunct Prof

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

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

5201 NW 7st #410 MIAMI FL 33126

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

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

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

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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

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

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 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):

8/20/10

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.

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CITY OF MIAMI, FL

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

STATE OF FLORIDA

MIAMI Dade COUNTY

(PLEASE PRINT)

I,

<u>Michel</u>	<u>_____</u>	<u>SUAREZ</u>
---------------	--------------	---------------

First Name

Middle Name/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.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

MIKE SUAREZ

(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 MIAMI COMMISSIONER, 1, _____,
(office) (district) (circuit)

_____. I am a qualified elector of MIAMI-DADE County, Florida. I am qualified
(group)

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



Signature of Candidate

5201 NW 7ST #410
Mailing Address

305-305-5559
Day Phone

Fax Number

MIAMI
City

FL
State

33126
Zip Code

8/20/10
Date Signed

LOYALTY OATH

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

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CITY CLERK
CITY OF MIAMI, FL

I, Michel _____ — _____
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

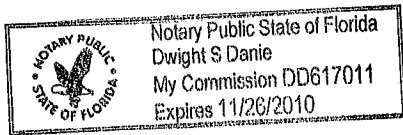
Before me, an officer authorized to administer oaths, personally appeared

Mike Suarez

(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 1; 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.

[Signature]
Signature of Candidate



5201 NW 7st #410
Address
MIAMI Florida 33126
City State ZIP Code

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

and subscribe before me this 20th 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 Danie

Personally Known OR Produced Identification Type of Identification Produced DL-5620-540-75-377-0

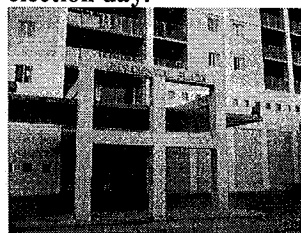
Voter Name: (last, first)	Suarez, Michel
FL Voter Reg. System ID:	109518304
Registration Date:	Wednesday, March 15, 1995
Birth Date:	Friday, October 17, 1975
Street Address:	5201 NW 7Th St #410
Precinct:	556 Precinct statistics Office Holders
Mailing Address:	5201 NW 7Th St #410 Miami FL 33126
Party Affiliation Code:	REP
Voter Status:	You are currently eligible to vote in this county.
I wish to change my voter registration information	<small>Fri Aug 20 2010 10:37:59</small>

Future Elections

2010 Primary Election

Election Date Tuesday, August 24, 2010
 Registration Closes Monday, July 26, 2010
 Early Voting Starts Monday, August 9, 2010
 Early Voting Ends Sunday, August 22, 2010
 You voted at an early voting location

Your precinct votes here on election day.



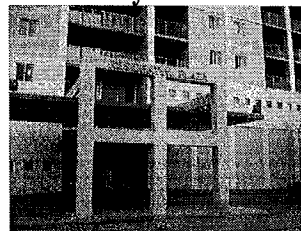
Residential Plaza
 5617 NW 7 St
 Miami FL 33126

2010 General Election

Sample Ballot

Election Date Tuesday, November 2, 2010
 Registration Closes Monday, October 4, 2010
 Early Voting Starts Monday, October 18, 2010
 Early Voting Ends Sunday, October 31, 2010
 Would you like to request an absentee/mail ballot for this election?
[Absentee/Mail Ballot Request](#)

Your precinct votes here on election day.



Residential Plaza
 5617 NW 7 St
 Miami FL 33126

Past Elections

Miami General Election

Election Date Tuesday, November 3, 2009
 Registration Closes Monday, October 5, 2009
 Early Voting Starts Monday, October 26, 2009
 Early Voting Ends Sunday, November 1, 2009
 You voted at an early voting location

Miami Special Election

Show My Absentee/Mail Ballot Information

Election Date Tuesday, January 12, 2010
 Registration Closes Monday, December 14, 2009
 You voted by absentee ballot

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 CITY CLERK
 CITY OF MIAMI, FL

Your electric statement

For: Jun 11 2010 to Jul 13 2010 (32 days)

Customer name: MICHEL SUAREZ

Service address: 5201 NW 7TH ST APT W410

Account number: [REDACTED]

Statement date: Jul 13 2010

Next meter reading: Aug 11 2010

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (-)	New charges due by
72.72	73.81 CR	0.00	1.09 CR	100.03	\$98.94	Aug 03 2010

Meter reading - Meter 5E28162

Current reading 42315

Previous reading - 41392

kWh used 923

Energy usage

	Last Year	This Year
kWh this month	660	923
Service days	32	32
kWh per day	21	29

**The electric service amount includes the following charges:

Customer charge:	\$5.90
Fuel:	\$35.60
<i>(First 1000 kWh at \$0.038570)</i>	
<i>(Over 1000 kWh at \$0.048570)</i>	
Non-fuel:	\$43.37
<i>(First 1000 kWh at \$0.046990)</i>	
<i>(Over 1000 kWh at \$0.056990)</i>	

Auto-enroll now in Budget Bill by paying \$75.58 in 1 payment by the due date instead of \$100.03
Your bill will be about the same each month & stabilized year-round. Learn more details at www.FPL.com/resbb.

Amount of your last bill	72.72
Payment received - Thank you	73.81 CR
Balance before new charges	\$1.09 CR

New charges (Rate: RS-1 RESIDENTIAL SERVICE)

Electric service amount	84.87**
Storm charge	0.49
Gross receipts tax	2.19
Franchise charge	5.08
Utility tax	6.31
Late payment charge	1.09
Total new charges	\$100.03

Total amount you owe \$98.94

- Payment received after **August 03, 2010** is considered **LATE**; a late payment charge of **1.50%** will apply and your account may be subject to an adjusted deposit billing.
- An adjustment to the storm charge will increase your next bill by less than one percent. To learn more, visit www.FPL.com/rates or call the customer service telephone number printed on your bill.



Florida Power & Light Company
PO Box 025576
Miami, FL 33102

Please have your account number ready when contacting FPL.
Customer service: (305) 442-8770
Outside Florida: 1-800-226-3545
To report power outages: 1-800-4OUTAGE (468-8243)
Hearing/speech impaired: 711 (Relay Service)
Online at: www.FPL.com

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Your electric statement

For: Apr 12 2007 to May 11 2007 (29 days)

Customer name: MICHEL SUAREZ

Service address: 5201 NW 7TH ST APT W410

Account number: [REDACTED]

Statement date: May 11 2007

Next meter reading: Jun 12 2007

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
47.26	47.26 CR	0.00	0.00	57.19	\$57.19	Jun 04 2007

Meter reading - Meter 5E28162

Current reading 18801
 Previous reading - 18335
 kWh used 466

Energy usage
 kWh this month 466
 Service days 29
 kWh per day 16

****The electric service amount includes the following charges:**

Customer charge: \$5.34
 Fuel: \$24.67
 (First 1000 kWh at \$0.052950)
 (Over 1000 kWh at \$0.062950)
 Non-fuel: \$19.87
 (First 1000 kWh at \$0.042630)
 (Over 1000 kWh at \$0.052950)

Amount of your last bill 47.26
 Payment received - Thank you 47.26 CR
 Balance before new charges \$0.00

New charges (Rate: RS-1 RESIDENTIAL SERVICE)
 Electric service amount 49.88**
 Gross receipts tax 1.28
 Franchise charge 2.81
 Utility tax 3.22
 Total new charges \$57.19

Total amount you owe \$57.19

*Da da # 854
 5/29/07*

- NOTICE: A late payment charge of 1.50% will apply if not paid by June 04, 2007, and your account may be subject to being billed an additional deposit.
- When the lights go out, seconds count! Get faster service by making sure FPL has your phone number and email address. Go to FPL.com/update or call the number at the bottom of your bill.



Florida Power & Light Company
 PO Box 025576
 Miami, FL 33102

Please have your account number ready when contacting FPL.
 Customer service: (305) 442-8770
 Outside Florida: 1-800-226-3545
 To report power outages: 1-800-4OUTAGE (468-8243)
 Hearing/speech impaired: 1-800-432-6554 (TTY/TDD)
 Online at: www.FPL.com

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 2010 AUG 20 AM 11:08
 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

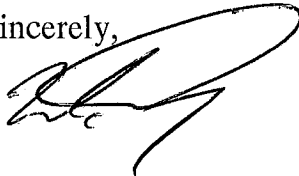
August 20, 2010

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

Dear Ms. Thompson:

I, Michel Suarez, candidate for City of Miami Commissioner District 5, do hereby swear that I reside at 5201 NW 2st #410, and I have resided at this address for well over the 1 year qualifying requirement for residency in the District.

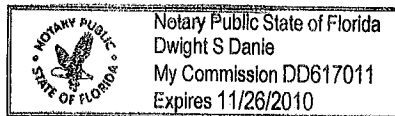
Sincerely,



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CITY OF MIAMI, FL

Subscribed and sworn before me, this 20 day of August, 2010, a Notary Public in and for Miami-Dade County, State of Florida.


Notary Public



My commission expires Nov 26, 2010.

Personally Known or Produced Identification DL-5620-540-75-377 d

STREET ID: 023281 IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
5101 - 5299	NW 7		ST	1 ODD
FACE:	S	PRIMARY ZONE:		EMPOWERMENT ZONE: N
ZIP CODE:	331263300	SD1 ZONE:		LATIN QUATERS: N
CENSUS TRACT:	5703	SD2 ZONE:		VOTING DISTRICT: 01
CENSUS BLOCK:	0903	DDRI ZONE:	N	
FIRE 901 ZONE:	3151	SEOPWDRI ZONE:	N	
FIRE SFBC ZONE:	2A	HIST PRESVN DIST:	N	
NBHD CODE:	09	SCENIC CORRIDOR:	N	
SUB NBHD CODE:	01	PEDESTRIAN PATHWAY:	N	
SOLID WASTE ROUTE:	223	OMNI TAX DISTRICT:	N	
TRASH ROUTE:	43	DDA DISTRICT:	N	
STREET CLEAN ROUTE:	005	CD TARGET AREA:	00	

NEXT STREET: .

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

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 CITY OF MIAMI, FL

RESTRICTIONS: A-Corrective Lenses

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.

Fred O. Dickinson
Executive Director, DHMV
Sandra C. Lambert
Director of Driver Licenses
X620610312982



www.hsmv.state.fl.us



010022277500280

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CITY OF MIAMI, FL



Florida *The Sunshine State*
DRIVER LICENSE CLASS E
S620-540-75-377-0
MICHEL SUAREZ
5201 NW 7TH STREET APT 410
MIAMI, FL 33126-3341
DOB: 10-17-1975 SEX: M HGT: 6-00
ISSUED: 10-31-2006
EXPIRES: 10-17-2013

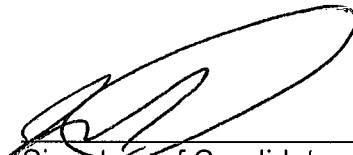
X620610312982 SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

AFFIDAVIT OF FINANCIAL HARDSHIP

I, Michel Suarez, a candidate for the office of Commissioner, District 1 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.

8/20/10
Date


Signature of Candidate

5201 NW 26t #410
MIAMI Dade 33126
Address of Candidate

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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AFFIDAVIT OF FINANCIAL HARDSHIP

I, Michel Suaver, a candidate for the office of Commissioner, District 1 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.

[Signature]
Signature of Affiant

5201 NW 2nd #410 MIAMI, FL 33125
Address of Affiant

Sworn to (or affirmed) and subscribed before me this 20th day of August, 2010

Nicole Ewan
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public

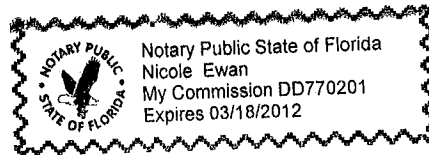
Personally Known _____ or Produced Identification

Type of Identification Produced: Driver's License
5620-540-75-377-0

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CITY CLERK
CITY OF MIAMI, FL



AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT

I, Michel Suarez, a candidate for the office of Commissioner Dist 1 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 Mike Suarez.

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

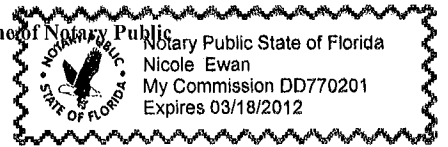
[Signature]
Signature of Affiant

S201 NW 2st #410 MIAMI, FL 33126
Address of Affiant

Sworn to (or affirmed) and subscribed before me this 20th day of August, 2010

Nicole Ewan
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: Florida Driver's License
5620-540-75-377-0

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