

**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
RECEIVED**

2010 APR 20 PM 12:40

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)
Alison Dornie Austin

3. Address (include post office box or street, city, state, zip code)
*935 NW 62nd street
Miami, FL 33127*

4. Telephone (optional) () 5. E-mail address (optional)

6. Office sought (include district, circuit, group number)
*City of Miami Commissioner
District 5*

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
Jose Valdes-Fauli

11. Mailing Address (If post office box or drawer, also include street address)
935 NW 62nd street

12. Telephone
(786) 239-1183

13. City *Miami* 14. County *Dade* 15. State *FL* 16. Zip Code *33127* 17. E-mail address (optional)

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

19. Name of Bank *Wachovia - A Wells Fargo Co* 20. Street Address *9301 NW 7th Ave*

21. City *Miami* 22. County *Dade* 23. State *Florida* 24. Zip Code *33150*

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 *April 15, 2010* 26. Signature of Candidate
 Alison Austin

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
 I, *Jose Valdes-Fauli*, do hereby accept the appointment
 (Please Print or Type Name)
 designated above as: Campaign Treasurer Deputy Treasurer.
 _____ *A/15/10* _____ *X* _____
 Date 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 PRINT OR TYPE)

OFFICE USE ONLY
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2010 JUL 14 PM 3:51

PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: ^{Addition} Treasurer/Deputy Depository Office Party

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

Alison Donne Austin

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

935 NW 62nd Street
 Miami, FL 33150

4. Telephone (optional)

(786) 266-6562

5. E-mail address (optional)

alison@electalisonaustin.com

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

City Commissioner

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

Gina Austin

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

935 NW 62nd Street

12. Telephone

(786) 390-7170

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33150

17. E-mail address (optional)

gina.m.stuart@aexp.com

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

19. Name of Bank

Wachovia

20. Street Address

NW 7th Ave & 95th Street

21. City

Miami

22. County

Dade

23. State

FL

24. Zip Code

33150

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

7/13/2010

26. Signature of Candidate

Alison Austin

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

I, Gina M Austin-Stuart, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

7/13/2010
 Date

Gina M Austin-Stuart
 Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please Type)

OFFICE USE ONLY
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2010 APR 20 PM 12:40

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, Alison Austin,
candidate for the office of City of Miami Commissioner;

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

X Alison Austin
Signature of Candidate

April 15, 2010
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).

RECEIVED
2010 AUG 18 PM 4:01
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

RECEIVED
2010 AUG 18 PM 4:01

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

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

Alison Austin (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Alison Austin.

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 5 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. 521.

I presently reside at the following address (must include zip code):
1140 NW 58th Street,
which is my legal address, and I have resided continually at said address from the 30 day of Oct 1959 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>N/A</u>	<u>N/A</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)

SAME

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:

Belafonte TACOBY Center

10. Affiant's occupation: Chief Executive Officer

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

4 years

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

12. Affiant represents that he/she (is) (is not) currently holding another elective or appointive office – whether city, county or municipal – the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S.99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is) (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office. (Note: If affiant is an employee of the City of Miami (other than city manager, city attorney, independent auditor general or city clerk) or member of a city board of the City of Miami, Florida (other than a city commissioner or mayor), affiant in the case of an employee shall take a leave of absence, without pay from his/her employment during the period in which affiant is seeking election to public office or in the case of a board member such member shall resign and such leave of absence or resignation to be effective upon whichever occurs first:

(a) such employee or board member receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or

(b) at the time such employee or board member appoints a campaign treasurer and designates a primary depository; or

(c) at the time such employee or board member files qualification papers and subscribes to a candidates oath as required by law.

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PRISCILLA A. COOPER
CITY CLERK
CITY OF MIAMI

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:

935 NW 62nd Street Miami 33150 305-479-2500

Affiant's campaign treasurer's name:

Jose Valdes-Fauli

*Affiant's campaign treasurer's address:

2143 Fisher Island Dr Miami, FL 33109

Telephone numbers: (work) _____

(home) 305-588-1229

*[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:

Alison Austin

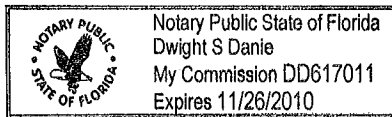
SIGNED THIS 18 DAY OF August, 2010.

Alison Austin
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Alison Austin, who, after first being duly sworn, deposes and states that She executed the foregoing to the best of her knowledge and belief.

Dwight S Danie
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

_____ Did take an oath

Produced identification

Type of identification produced: DL A235-000-59-886-0

FORM 1

STATEMENT OF

FINANCIAL INTERESTS

RECEIVED

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

AUSTIN ALISON DORINE

MAILING ADDRESS :

1140 NW 58th St

Miami 33127 DADE

CITY :

City of Miami

ZIP :

COUNTY :

NAME OF AGENCY :

Commissioner District 5

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

2010 AUG 18 PM 4:01
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

ID Code

ID No.

Conf. Code

P. Req. Code

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 (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
Belafonte TACOXY Ctr	6161 NW 9th Ave	Youth Development Svc

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
N/A			

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

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

Private Residence
1140 NW 58th St
Miami 33127

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")

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE INTANGIBLE RELATES
None	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America	

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	Rainforest Media		
ADDRESS OF BUSINESS ENTITY	1140 NW 58th St		
PRINCIPAL BUSINESS ACTIVITY	Video Production		
POSITION HELD WITH ENTITY	Vice President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A		
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE (required): Alison Acosta DATE SIGNED (required): 8/18/2010

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.

RECEIVED

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

2010 AUG 10 4 34 PM '10

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

STATE OF FLORIDA

Miami Dade COUNTY

(PLEASE PRINT)

I,

<u>Alison</u> First Name	<u>Dorine</u> Middle Name/Initial	<u>Austin</u> 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, Alison Austin
(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 Commissioner, 5, 1,
(office) (district) (circuit)

1 . 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

Alison Aust
Signature of Candidate

1140 NW 58th St
Mailing Address

786-239-1183
Day Phone

305-479-2500
Fax Number

Miami
City

Florida 33150
State Zip Code

8-18-10
Date Signed

LOYALTY OATH

RECEIVED

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

(Please Print)

2010 AUG 18 PM 4:01

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, Alison D Austin
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.

Alison Austin
Signature of Candidate

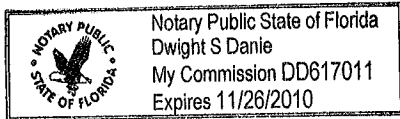
OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

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

Alison Austin
(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 6; 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.



Alison Austin
Signature of Candidate

1140 NW 58th St
Address

Miami, FL 33127
City State ZIP Code

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

and subscribe before me this 18th day of August, 2010.

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

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

Personally Known OR Produced Identification Type of Identification Produced DL A-235-000-59-886-0

Voter Name: (last, first)	Austin-Bruyning, Allison D
FL Voter Reg. System ID:	108942487
Registration Date:	Monday, February 6, 1995
Birth Date:	Monday, October 26, 1959
Street Address:	1140 NW 58Th St
Precinct:	521
	<u>Precinct statistics</u>
	<u>Office Holders</u>
Mailing Address:	1140 NW 58Th St
	Miami FL
	33127
Party Affiliation Code:	DEM
Voter Status:	You are currently eligible to vote in this county.
I wish to <u>change my voter registration information</u>	<small>Wed Aug 18 2010 15:22:51</small>

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 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

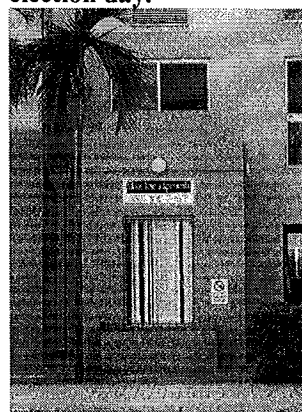
Future Elections

2010 Primary Election

[Sample Ballot](#)

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
 Would you like to request an absentee/mail ballot for this election?
[Absentee/Mail Ballot Request](#)

Your precinct votes here on election day.



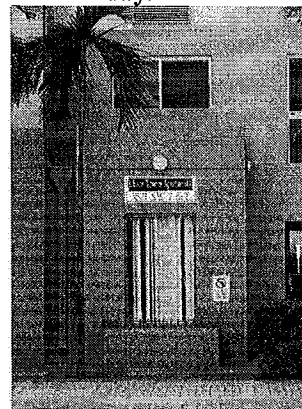
Edison Towers
 5821 NW 7 Ave
 Miami FL 33127

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.



Edison Towers
 5821 NW 7 Ave
 Miami FL 33127

Past Elections

Miami Special Election

Election Date Tuesday, January 12, 2010
 Registration Closes Monday, December 14, 2009

APXALARM

HOW TO CONTACT US:

MAIL CORRESPONDENCE TO:
4931 NORTH 300 WEST
PROVO, UT 84604
1-800-216-5232
E-mail: support@apxalarm.com

936793
Alison Austin
1140 NW 58th St
Miami FL 33127-1326



ACCOUNT # 936793
STATEMENT DATE 06/01/2010
DUE DATE 06/15/2010

PREVIOUS BALANCE BROUGHT FORWARD	\$42.52
MONTHLY SERVICE CHARGES	\$39.99
SALES TAX:	\$2.80
TOTAL BALANCE & CHARGES DUE:	\$85.31

**REFER YOUR FRIENDS
AND FAMILY AND EARN
A \$50 HOME DEPOT
GIFT CARD.**

Submit your referrals at
www.apxalarm.com
or call us at 888-304-6802

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

If you were installed in the previous month, this balance may include any charges due at the time of installation (i.e. monitoring fee for the month of installation, any upgrades or activation fee, if applicable) as well as this month's monitoring fee. Please call 1-888-346-9202 to discuss your balance.

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.

APXALARM

THANK YOU FOR YOUR BUSINESS

CUSTOMER NAME Alison Austin
1140 NW 58th St
Miami FL 33127-1326

STATEMENT DATE	06/01/2010
ACCOUNT #	936793
DUE DATE	06/15/2010
TOTAL AMOUNT DUE	\$85.31
AMOUNT ENCLOSED	

PLEASE CHECK BOX IF YOUR ADDRESS HAS CHANGED
AND PROVIDE YOUR NEW ADDRESS ON THE BACK.

APX ALARM SECURITY SOLUTIONS, INC.
P.O. BOX 30106
SALT LAKE CITY, UT 84130-0106



009367930008531



MAIL CORRESPONDENCE TO:
 5132 North 300 West, Provo, UT 84604
 800.216.5232 • www.ApxAlarm.com
 E-mail: support@apxalarm.com

936793
 Alison Austin
 1140 NW 58th St
 Miami FL 33127-1326



Sign up for
**Automatic
 Withdrawal**
 through our Direct
Pay Plan and
 receive a **FREE**
Solar Powered
Yard Sign Light...
A \$29.99 value.

Submit your referrals at
www.apxalarm.com
 Or call us at
 888-304-6802

Account #	936793
Statement Date	11/01/2008
Due Date	11/11/2008
Previous Balance Brought Forward:	\$42.79
New Charges as of 11/01/2008:	\$42.79
Sales Tax:	\$2.80
TOTAL BALANCE & CHARGES DUE:	\$85.58

RECEIVED
 2010 AUG 18 PM 4:01
 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MARIETTA, GA

THANK YOU FOR YOUR BUSINESS

Past due amounts must be cleared to avoid late fees. Please call 1-888-346-9202 to discuss your balance

AB-#318268 • AK-#906510 • AK-#904915 • AK-#33254 • AL-#07-980 • AR-#E 07-009 • AZ-#RDC218272 • CA-#874794 • CA-#ACC6286 • CT-#192561 • DC-#ECS01552 • DE-#06-116
 DE-#2006209146 • FL-#EG13000290 • GA-#LVA205521 • IA-#04643-06 • IL-#127-001290 • MD-#107-1302 • ME-#MOC60019299 • MI-#3601205165 • MN-#1501618 • MT-#216
 NC-#25514-SP-LV • NC-#BPN 005143P3 • NE-#FA12465 • NM-#93695 • NV-#62684 • NY-#12000273249 • OH-#53891547 • OK-#1026 • OR-#173049 • RI-#6995 • SC-#55569
 SC-# BFS:12418 FAQ • TN-#1253 • TX-#B13684 • TX-ACH-2854 • UT-#6093322-6501 • VA-# 11 4822 • WA-#APXALAS941CL • WV-#WV040401 • WV-#M700694REVA0306 • WY-#LVA-16005

To ensure proper credit, please detach and return this portion with payment. Thank You!



Statement Date	11/01/2008
Account #	936793
Due Date	11/11/2008
Total Amount Due	\$85.58
Amount Enclosed	

Remit Payment To:

936793
 Alison Austin
 1140 NW 58th St
 Miami FL 33127-1326

APX ALARM
 P.O. BOX 1914
 OREM, UT 84059-1914



RECEIVED

2010 AUG 18 PM 4:01

PRISCILLA A. THOMPSON
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, Alison Austin candidate for City of Miami Commissioner, District 5, do hereby swear, that I reside at 1140 NW 58th Street Mia 33127, and I have resided at this address for well over the 1-year qualifying requirements for residency in the District.

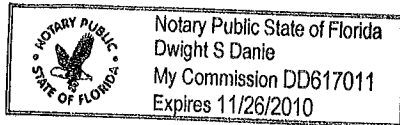
SIGNED THIS 18 DAY OF August, 2010.

Alison Austin
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Alison Austin, who, after first being duly sworn, deposes and states that She executed the foregoing to the best of her knowledge and belief.

Dwight S. Danie
Signature of Notary Public - State of Florida

(SEAL)



Did take an oath
 Produced identification

Type of identification produced: DL A235-000-59-886-0

STREET ID: 082250 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--
1100 - 1198 NW 58 ST 0 EVEN

FACE: N PRIMARY ZONE: EMPOWERMENT ZONE: N
ZIP CODE: 331271326 SD1 ZONE: LATIN QUATERS: N
CENSUS TRACT: 1904 SD2 ZONE: VOTING DISTRICT: 05
CENSUS BLOCK: 1009 DDRI ZONE: N
FIRE 901 ZONE: 1048 SEOPWDRI ZONE: N
FIRE SFBC ZONE: 3A HIST PRESVN DIST: N
NBHD CODE: 03 SCENIC CORRIDOR: N
SUB NBHD CODE: 02 PEDESTRIAN PATHWAY: N
SOLID WASTE ROUTE: 106 OMNI TAX DISTRICT: N
TRASH ROUTE: 00 DDA DISTRICT: N
STREET CLEAN ROUTE: 000 CD TARGET AREA: 02

NEXT STREET:

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

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CITY CLERK
CITY OF MIAMI, FL

Florida *The Sunshine State*
DRIVER LICENSE CLASS E
A235-000-59-886-0

ALLISON AUSTIN-BRUYNING
 1140 NW 58 ST
 MIAMI, FL 33127-1326
 DOB: 10-26-1959 SEX: F HGT: 5-06
 ISSUED: 10-09-2007
 EXPIRES: 10-26-2013
 RESTRICTIONS: A
 ENDORSEMENTS:



Allison Austin Bruyning

X620710090029 **SAFE DRIVER**
 Operation of a motor vehicle constitutes consent to any sobriety test required by law

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 BRISCELLA A. THOMPSON
 CITY CLERK
 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.



Executive Director *Electra Theodorides-Bysalle*
 Electra Theodorides-Bysalle
 Sandra C. Lambert *Sandra C. Lambert*
 Director of Driver Licenses
 X620710090029

www.hsmv.state.fl.us



0100221047407250

AFFIDAVIT OF FINANCIAL HARDSHIP

I, Alison Austin, a candidate for the office of Commissioner District 5 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.

Alison Austin
Signature of Affiant

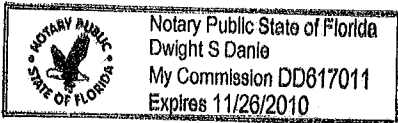
1140 NW 58th Street

Miami, Florida 33127
Address of Affiant

Sworn to (or affirmed) and subscribed before me this 18 day of August, 2008 2010

D. 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: DL
A 235-000-59-886-0

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2010 AUG 18 PM 4:01
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

AFFIDAVIT OF FINANCIAL HARDSHIP

I, Alison Austin, a candidate for the office of Commissioner District 5 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.

August 18, 2010
Date

Alison Austin
Signature of Candidate

1140 NW 58th St
Miami, FL 33132
Address of Candidate

RECEIVED
2010 AUG 18 PM 4:02
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL