

Candidate Qualification Checklist

QUALIFYING A CANDIDATE

Print Candidate Name

Andree D. Jape

DOCUMENT PRE-CHECK

Voter's Registration Card Picture ID Proof of Residency 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 checked="" type="checkbox"/>
7	County Ethics Declaration (Check for completeness)	<input 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 <i>Andree</i>	<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 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"/>

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 CITY CLERK
 CITY OF MIAMI, FL

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 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"/>
---	---	-------------------------------------

Andree D. Jape
 Signature

8/21/2010
 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

ANDRE' D. JOYCE

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

1526 N.W. 58TH TERRACE/MIAMI FL 33142

Telephone (optional)
305.696.3380

2. Party (Partisan candidates only)
DEM

3. Office (add district, circuit or group number)
5

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

4. Name of Treasurer or Deputy Treasurer

MR. BOBBY MC GAHEE

5. Mailing Address (If post office box or drawer add street address)

6340 SW 58TH AVENUE

6. Telephone

305.666.7728

7. City
MIAMI

8. County
DADE

9. State
FL

10. Zip Code
33143

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

11. Name of Bank

REGIONS BANK

12. Street Address

6013 N.W. 7TH AVENUE

13. City
MIAMI

14. County
DADE

15. State
FL

16. Zip Code
33142

17. Signature of Candidate

X *Andre D. Joyce*

Date

Aug. 20, 2010

Campaign Treasurer's Acceptance of Appointment

I, BOBBY MC GAHEE, do hereby accept the appointment as

(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of ANDRE D. JOYCE

who is seeking nomination or election as a DEM candidate to the office of

COMMISSIONER DISTRICT 5 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.**

Aug. 20, 2010
Date

X *Bobby Mcghee*
Signature of Campaign Treasurer or Deputy Treasurer

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CITY CLERK
CITY OF MIAMI, FL

**STATEMENT OF
CANDIDATE**


(Section 106.023, F.S.)

(Please Type)

I, ANDRE D. JOYCE,

candidate for the office of COMMISSIONER DISTRICT 5;

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

X 
Signature of Candidate

8.17.2010
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).

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CITY OF MIAMI, FL

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA

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

ANDRE D. JOYCE (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is ANDRE D. JOYCE

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. 511.

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

1526 NW 58th Terrace MIAMI FL 33142
which is my legal address, and I have resided continually at said address from the 29 day of SEPT. 1965 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>(NA)</u>	<u>(NA)</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)

(NA)

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

(NA)

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:

BANVIEW CMH
9198 N.W 8th AVE MIAMI, FL 33150

10. Affiant's occupation: INTAKE ADMISSION SPECIALIST-TRAINER

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

MARCH 2006

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

(NA)

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CITY CLERK
CITY OF MIAMI, FL

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.

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:

1526 NW 58th Terrace (305) 696-3380

Affiant's campaign treasurer's name:

MR BOBBY MCGAHEE

*Affiant's campaign treasurer's address:

6340 SW 58th AVE MIAMI FL 33143

Telephone numbers: (work) (NA)

(home) 305 666 7728

*[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:

ANDRE D. JOYCE

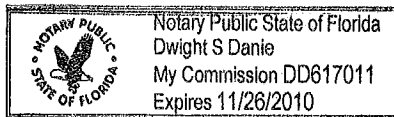
SIGNED THIS 21 DAY OF August 2010.

Andre D. Joyce
AFFIANT

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

[Signature]
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath
 Produced identification

Type of identification produced: DL J-200-004-65-343-D

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CITY OF MIAMI, FL

FORM 1

STATEMENT OF

FINANCIAL INTERESTS

2009
RECEIVED

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

JOYCE ANDRE DEMERITTE

MAILING ADDRESS :

1926 NW 58th Terrace

CITY :

MIAMI

ZIP :

33142

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

DISTRICT 5 COMMISSIONER

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:

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CITY CLERK
CITY OF MIAMI, FL

ID Code

ID No.

Conf. Code

P. Req. Code

****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
BANVIEW CMH	9198 NW 8 th AVE MIA. FL	MENTAL HEALTH SVCS

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
NA	NA	NA	NA

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

NA

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
NA	NA

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 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
NA	NA

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	NA	NA	NA
ADDRESS OF BUSINESS ENTITY	NA	NA	NA
PRINCIPAL BUSINESS ACTIVITY	NA	NA	NA
POSITION HELD WITH ENTITY	NA	NA	NA
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NA	NA	NA
NATURE OF MY OWNERSHIP INTEREST	NA	NA	NA

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

SIGNATURE (required):

Arnelo Joyce

DATE SIGNED (required):

August 21, 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.

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CITY CLERK
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, ANDRE D. JOYCE
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, ANDRE D. JOYCE
(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, ---,
(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

Andre D. Joyce
Signature of Candidate

1526 NW 58th Terrace 305-696-3380 ---
Mailing Address Day Phone Fax Number

Miami FL 33142 8/24/2010
City State Zip Code Date Signed

LOYALTY OATH

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

(Please Print)

I, ANDRE D JOYCE
First Name Middle Initial Last Name

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CITY CLERK
CITY OF MIAMI, FL

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.

Andre Joyce
Signature of Candidate

OATH OF CANDIDATE

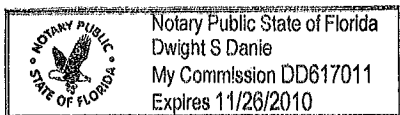
OFFICE OF CITY OF MIAMI COMMISSIONER

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

ANDRE D JOYCE
(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 5; 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.

Andre Joyce
Signature of Candidate



1526 NW 58th Terrace
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) D Danie

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

Personally Known OR Produced Identification Type of Identification Produced DL J-200-004-65-343-0

Miami-Dade Elections Department
 Departamento de Elecciones de Miami-Dade
 Department Elections 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@miamidadade.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.miamidadade.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@miamidadade.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.miamidadade.gov>

- **Chanjman Adrès Lè Nan Konte Miami-Dade**
 Tanpri kontakte nou pa:
 telefòn | 305-499-VOTE (8683)
 faks | 305-499-8547
 imel | register@miamidadade.gov

- **Pou w fè chanjman:
 Lè Andeyò Konte Miami-Dade oswa
 Pati Politik oswa Mete Siyati Ajou**
 Egzije ke w ranpli yon fom enskripsyon votè ki
 disponib nan <http://elections.miamidadade.gov>

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 THOMPSON
 PRISCILLA A. CLERK
 CITY OF MIAMI, FL



Voter Information Card
 Miami-Dade County, FL
 Tarjeta de información del elector
 Condado de Miami-Dade, FL
 Kat Enfòmasyon Votè
 Konte Miami-Dade, FL

ANDRE DEMERITTE JOYCE
 1526 NW 58TH TER
 MIAMI FL 33142

**Bring photo identification
 when voting.**
 Para votar, presente una
 identificación con fotografía.

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

Identification: Data
 Datos de identificación
 Enfòmasyon idantifikasyon

09/23/65

Registration Date
 Fecha de inscripción
 Dat Enskripsyon

04/22/83

Polling Place | Centro de votación | Lokal Biwo Vot

JORDAN GROVE BAPT CHURCH
 5946 NW 12 AVE

Lester Sola
 Supervisor de Elecciones | Sipèvzè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
 Uti, pwele voter por los representantes de los distritos enumerados abajo.
 W elijib pou w vote pou reprezantan ki nan distri ki ekri anba la yo.

Congress | Congreso | Kongrè
 State Senate | Senado Estatal
 State House | Cámara Estatal
 Lachannm Eta a

017

County Commission
 Comisión del Condado
 Komisyen Konte

03

Municipal | Municipal | Minisipal

MI05



ISSUED
 EMITIDA
 ENPRIME
 02/24/06

Registration No.
 Nòm de inskripsión
 Nim. Enskripsyon

109212001

Precinct No.
 Nòm del recinto
 Nim. Biwo Vot

511

Party Affiliation
 Afiliación partidista
 Pati Politik

DEM

039

School Board
 Junta Escolar
 Asamble Edikasyon

02

Community Council
 Consejo Comunitario
 Konsey Kominitote

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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, Andre D. Joyce candidate for City of Miami Commissioner, District 5, do hereby swear, that I reside at 1526 NW 58th Terrace, Miami FL 33142, and I have resided at this address for well over the 1-year qualifying requirements for residency in the District.

SIGNED THIS 21 DAY OF AUGUST 2010.

Andre D. Joyce

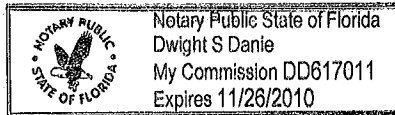
AFFIANT

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

D. Dan

Signature of Notary Public – State of Florida

(SEAL)

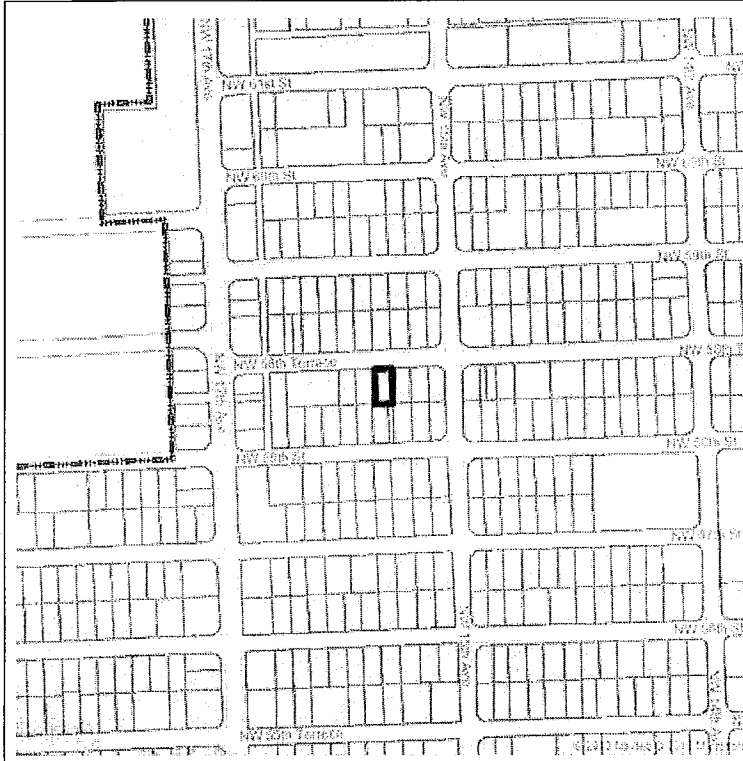


Did take an oath
 Produced identification

Type of identification produced: DL J-200-004-65-343-0



Miami Zoning Details for Address: 1526 NW 58TH TER



District 5, Commissioner
Richard P. Dunn II

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 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

Zone	Description	Enactment
T3-O	Sub-Urban Zone	

Section	Area	Sub Area	Description

ID	Description	Enactment

ID	Description	Enactment

District	Commissioner	Code Enf ID	Code Enf Admin	Code Enf Phone
5	RICHARD P. DUNN II	1	CHANTAL JUSTE	(305) 329-4820

Net ID	Net Name	Net Phone	Net Fax	Net Admin
3	MODEL CITY	(305) 795-2302	(305) 793-2322	VONCAROL KINCHENS

Florida *The Sunshine State*
DRIVER LICENSE CLASS E
J200-004-65-343-0

ANDRE DEMERITTE JOYCE
 1526 NW 58 TR
 MIAMI, FL 33142-0000
 DOB: 09-23-1965 SEX: M HGT: 6-00
 ISSUED: 09-27-2006
 EXPIRES: 09-23-2012

Andrie R. Joyce
 09-23-2006

S110610200056 SAFE DRIVER
 Operation of a motor vehicle constitutes consent to any sobriety test required by law.

RECEIVED
 2010 AUG 21 AM 11:51
 PRISCILLA A. THOMPSON
 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.

Fred G. Dickinson *Fred G. Dickinson*
 Executive Director, DHSMV
 Sandra C. Lambert *Sandra C. Lambert*
 Director of Driver Licenses
 S110610200056



www.hsmv.state.fl.us



010021431700248

Campaign to Elect
Andre D. Joyce
1526 NW 58 Terr
Miami, FL

200

63-466/631

DATE Aug. 20, 2010

PAY TO THE ORDER OF

City of Miami

\$ 682⁰⁰

Six hundred eighty two and no/100

DOLLARS



REGIONS

10

FOR

Campaign Filing Fee

Robby Meyers

⑆063104668⑆ 0139377997⑆



City of Miami
OFFICIAL RECEIPT

No. 372833

\$ 682 Sales Tax \$ 0 Total \$ 682

Date: 8/21/2010

Six Hundred Eighty Two and no/100 /100 Dollars

Received from: Andre Joyce Campaign

Address: 1526 NW 58 Terr

For: Campaign Qualifying Fee Reference No: check # 200

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: Dwight Davis

Department: City Clerk

Division: Electron

C FN/TM 402 Rev. 03/03

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

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