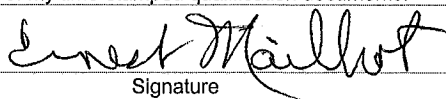


**Candidate Qualification Checklist**

<b>QUALIFYING A CANDIDATE</b>		Print Candidate Name
<b>DOCUMENT PRE-CHECK</b>		
<input checked="" type="checkbox"/> Voter's Registration Card <input checked="" type="checkbox"/> Picture ID <input checked="" type="checkbox"/> Proof of Residency <input type="checkbox"/> Campaign Check (Com-\$682 Mayor-\$1,600)/affidavit/certificate		
<b>REQUIRED FORMS</b>		
<b>1</b>	Appointment of Campaign Treasurer and Designation of Campaign Depository	<input checked="" type="checkbox"/>
<b>2</b>	Statement of Candidate	<input checked="" type="checkbox"/>
<b>3</b>	Affidavit of Candidate (Check for completeness, do not sign or notarize until end)	<input checked="" type="checkbox"/>
<b>4</b>	Form 1 Statement of Financial Interests for prior year (Check completeness)	<input checked="" type="checkbox"/>
<b>5</b>	State Loyalty Oath	<input checked="" type="checkbox"/>
<b>OPTIONAL FORMS</b>		
<b>6</b>	City Loyalty Oath (Notarize after checking for completeness)	<input type="checkbox"/>
<b>7</b>	County Ethics Declaration (Check for completeness)	<input type="checkbox"/>
<b>TO DO</b>		
<b>A</b>	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>B</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"/>
<b>C</b>	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"/>
<b>D</b>	Copy of Drivers license or other picture ID Highlight name and address.	<input checked="" type="checkbox"/>
<b>E</b>	Copy of Voter's registration card - verify precinct, Highlight precinct, commission district and address	<input checked="" type="checkbox"/>
<b>F</b>	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"/>
<b>G</b>	Write receipt for check. Make 1 copy, return original to candidate.	<input type="checkbox"/>
<b>H</b>	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. <b>Do you swear (or affirm) that the statements in the affidavit are true and complete to the best of your knowledge and belief?"</b> 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"/>
<b>ASSEMBLE DOCUMENTS</b>		
<b>I</b>	Place Documents in following order: Appt of Treas, Statement of Candidate, Affidavit of Candidate, Form 1, State Loyalty Oath, <del>City Loyalty Oath, Ethics Declaration</del> , Copy of Voter's Registration, Copy of Proof of Residency or affidavit, ARPS, Copy of Driver's License, Copy of Check or affidavit(s), <del>Copy of Receipt</del> .	<input checked="" type="checkbox"/>
<b>J</b>	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"/>
<b>L</b>	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"/>
<b>M</b>	Have candidate sign form (see N below), then make 2 copies	<input checked="" type="checkbox"/>
<b>CANDIDATE ACKNOWLEDGMENT OF RECEIPT</b>		
<b>N</b>	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"/>

**RECEIVED**  
 2010 AUG 13 PM 5:14  
 PRISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL

  
 Signature

August 13, 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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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL**

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate <b>Ernest Mailhot</b>	1. Address (include post office box or street, city, state, zip code) <b>234 NE 79th Street Apt 1112, Miami, FL 33138</b>
--	--

Telephone (optional) <b>305 757-8869</b>	2. Party (Partisan candidates only) _____	3. Office (add district, circuit or group number) <b>Miami City Commissioner, District 5</b>
---	--	---

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

4. Name of Treasurer or Deputy Treasurer  
**Bernard Senter**

5. Mailing Address (If post office box or drawer add street address) <b>PO Box 381063</b>	6. Telephone <b>305 757-8869</b>
--	-------------------------------------

7. City <b>Miami</b>	8. County <b>Dade</b>	9. State <b>FL</b>	10. Zip Code <b>33238-1063</b>
-------------------------	--------------------------	-----------------------	-----------------------------------

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

11. Name of Bank <b>Wachovia</b>	12. Street Address <b>9899 NE 2nd Ave</b>
-------------------------------------	--

13. City <b>Miami Shores</b>	14. County <b>Dade</b>	15. State <b>FL</b>	16. Zip Code <b>33138</b>
---------------------------------	---------------------------	------------------------	------------------------------

17. Signature of Candidate <b>X Ernest Mailhot</b>	Date <b>August 13, 2010</b>
---	--------------------------------

**Campaign Treasurer's Acceptance of Appointment**

I, **Bernard Senter**, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of **Ernest Mailhot**

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

**Miami City Commissioner District 5** . As a duly registered voter in **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.**

**August 13, 2010**  
Date

**X** \_\_\_\_\_  
Signature of Campaign Treasurer or Deputy Treasurer

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**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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2010 AUG 13 PM 5:06  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

I, Ernest Mailhot,

candidate for the office of Miami City Commissioner, District 5;

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

X   
Signature of Candidate

August 13, 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).

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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

Ernest Mailhot (hereinafter "affiant"), being first duly sworn, deposes and says:

- 1. My name is Ernest Mailhot.
- 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. 501.

I presently reside at the following address (must include zip code):  
234 NE 79th St. #112, Miami, FL 33138,  
which is my legal address, and I have resided continually at said address from the 1 day of June 2009 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>7800 NE Bayshore Ct. #5</u>	<u>May - June 2009</u>
<u>Miami, FL 33138</u>	
<u>#05 1318 Powderhorn Ter #108, Minneapolis, MN 55407</u>	<u>2005-2009</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:

\_\_\_\_\_

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

same

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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

no

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

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

Kelly Services  
15050 NW 79th Ct, Miami Lakes, FL 33016

10. Affiant's occupation: factory worker

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

3 months

(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).

Manpower International  
1000 A 100 Manpower Place, Milwaukee WI 53212

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.

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:

719 NE 79th St., Miami, FL 33138 (305) 757-8869

Affiant's campaign treasurer's name:

Bernard Senter

\*Affiant's campaign treasurer's address:

719 NE 79th St., Miami, FL 33138

Telephone numbers: (work) (305) 757-8869

(home) \_\_\_\_\_

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

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

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

ERNEST MAILHOT

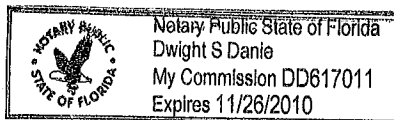
SIGNED THIS 13 DAY OF August, 2010.

Ernest Mailhot  
AFFIANT

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

for Dwight S Danie  
CITY CLERK,  
CITY OF MIAMI, FLORIDA

(SEAL)



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RUSSELL A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

Did take an oath

Produced identification DL

Type of identification produced: M 430 - 213 - 48 - 146 - 0

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILHOT ERNEST MARCEL

MAILING ADDRESS :

234 NE 79th St. #1112

CITY :

Miami

ZIP :

FL 33138

COUNTY :

Miami Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner District 5

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. Co

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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**\*\*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
WW Johnson Meats Co	2001 E. 24th St. Minneapolis MN 55404	meat processing
Manpower International	100 Manpower Place, Milwaukee WI 53212	temporary agency

**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
none			

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

none

**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.

<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
none	
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PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI FL	

<b>PART E — LIABILITIES</b> [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase Card Services	P.O. Box 94014, Palatine, IL 60094-4014
HSBC Card Services	P.O. Box 5222, Carol Stream, IL 60197-5222
Capital One	P.O. Box 70183, Charlotte, NC 28272-1083

<b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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			

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

SIGNATURE (required): *Ernest Mailhot* DATE SIGNED (required): August 13, 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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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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

STATE OF FLORIDA

Date \_\_\_\_\_ COUNTY

(PLEASE PRINT)

I,

Ernest	Marcel	Mailhot
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, Ernest Mailhot  
(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 City Commissioner, ' 5 ' \_\_\_\_\_ ,  
(office) (district) (circuit)  
\_\_\_\_\_ . I am a qualified elector of 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**



*Ernest Mailhot*

Signature of Candidate

PO Box 381063  
Mailing Address

305757-8869  
Day Phone

\_\_\_\_\_  
Fax Number

Miami  
City

FL  
State

33238-1063  
Zip Code

August 13, 2010  
Date Signed



**Voter Information Card**  
Miami-Dade County, FL  
Carta de Información del Eleccion  
Candidado de Miami-Dade, FL

**Enfoel Marcel Malhot**  
234 NE 70th St APT 1112  
Miami FL 33138

**Kat Enfòmasyon Votè**  
Konte Miami-Dade, FL

ISSUED  
1 AUG 13  
ENPRIME

05/17/10

Registration No.  
Nim. Enskripsyon

117921069

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

Bring photo identification  
when voting.

Èpòk votasyon, pèmèt ou a pou  
idantifikasyon sou foto pou ou.

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

Voting Location | Lokal Biwo Vot  
Jesse J. McCrary, Jr. Elemen School  
514 NW 77 St

Precinct No. Nim. Biwo Vot	Identification Data Enfo. Idantifikasyon	Registration Date Dat Enskripsyon
501	5/6/1948	1/7/2010

Party Affiliation | Pati Politik

FLORIDA SOCIALIST WORKERS PARTY

Lester Sola

Supervisor of Elections | Supervisor de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.  
W elijib pou w vote pou reprezantan ki nan distri ki eka anba la yo.

Congress Kongrè	State Senate Sena Eta a	State House Lacham Eta a
17	33	108

County Commission Komisyon Konte	School Board Asanble Ldikasyon	Community Council Kousèy Kominotè
3	2	0

Municipal | Minisipalite  
MIAMI





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

/ 27

675 8517696287830956363000000

Please request changes on the back.  
 Notes on the front will not be detected.

The amount enclosed includes the following donation:  
 FPL Care To Share \$ \_\_\_\_\_



B 2,4,6,7,8 8517 5



AUTO \*\*CO 3801 056468

ERNEST MAILHOT  
 234 NE 79TH ST APT 1112  
 MIAMI FL 33138-5174

Make check payable to FPL In U.S. funds  
 and mail along with this coupon to:



FPL  
 GENERAL MAIL FACILITY  
 MIAMI FL 33188-0001

Account number	Total amount you owe	New charges due by	Amount enclosed
69628-78309	\$36.36	Oct 14 2009	\$

**Your electric statement**

Account number: 69628-78309

For: Aug 24 2009 to Sep 23 2009 (30 days)  
 Customer name: ERNEST MAILHOT  
 Service address: 234 NE 79TH ST APT 1112

Statement date: Sep 23 2009  
 Next meter reading: Oct 22 2009

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
38.58	38.58 CR	6.75	6.75	29.61	\$36.36	Oct 14 2009

**Meter reading - Meter 7E47385**

Current reading 00374  
 Previous reading - 00172  
 kWh used 202  
**Energy usage**  
 kWh this month 202  
 Service days 30  
 kWh per day 7

Amount of your last bill 38.58  
 Payment received - Thank you 38.58 CR  
 Additional activity:  
 Transfer amount 6.75  
 Balance before new charges \$6.75

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

Customer charge: \$5.52  
 Fuel: \$10.81  
 (First 1000 kWh at \$0.053510)  
 (Over 1000 kWh at \$0.063510)  
 Non-fuel: \$9.36  
 (First 1000 kWh at \$0.046330)  
 (Over 1000 kWh at \$0.057010)

**New charges (Rate: RS-1 RESIDENTIAL SERVICE)**

Electric service amount 25.69\*\*  
 Storm charge 0.09  
 Gross receipts tax 0.66  
 Franchise charge 1.35  
 Utility tax 1.82  
 Total new charges \$29.61

**Total amount you owe \$36.36**

- Payment received after **October 14, 2009** is considered **LATE**; a late payment charge of 1.50% will apply and your account may be subject to an adjusted deposit billing.

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PRISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL



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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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

Payment / Credit History



If you are not already participating, we offer the following options to help you manage your FPL bill:

- **Billing & Payment Wizard** to discover all of your billing and payment options
- **FPL Pay Online** to pay your bill now.
- **FPL Automatic Bill Pay** to ensure your bill is always paid on time.
- **FPL E-Mail Bill** to receive your bill online.
- **FPL Budget Billing** will help make your home electric bill more predictable.

The e-mail address we have for this account is ~~XXXXXXXXXX@XXXXXX.XXX~~.  
Access **e-mail update** to make changes.

Note: some miscellaneous credits may not be displayed.

[Access Another Account](#)

FPL Account Number:6962878309

Date	Amount	Description
08/13/2010	\$32.44	Payment
07/15/2010	\$27.84	Payment
06/14/2010	\$28.18	Payment
05/14/2010	\$28.96	Payment
04/14/2010	\$21.36	Payment
03/16/2010	\$28.68	Payment
02/17/2010	\$22.74	Payment
01/27/2010	\$15.16	Fuel Refund
01/12/2010	\$33.75	Payment
12/11/2009	\$27.50	Payment
11/09/2009	\$28.79	Payment
10/13/2009	\$36.36	Payment
09/11/2009	\$38.58	Payment

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ABOUT SSL  
CERTIFICATES

STIN ARPS PROPERTY SYSTEM - STREET INQUIRY (13)

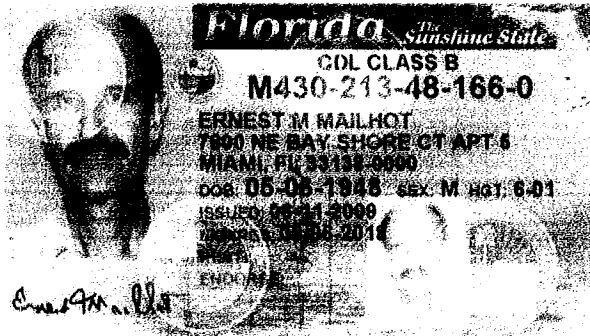
STREET ID: 090140 IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
0200 - 0248	NE 79		ST	0 EVEN
FACE:	N	PRIMARY ZONE:		EMPOWERMENT ZONE: N
ZIP CODE:	331384819	SD1 ZONE:		LATIN QUATERS: N
CENSUS TRACT:	1402	SD2 ZONE:		VOTING DISTRICT: 05
CENSUS BLOCK:	2002	DDRI ZONE:	N	
FIRE 901 ZONE:	1402	SEOPWDRI ZONE:	N	
FIRE SFBC ZONE:	2A	HIST PRESVN DIST:	N	
NBHD CODE:	02	SCENIC CORRIDOR:	N	
SUB NBHD CODE:	03	PEDESTRIAN PATHWAY:	N	
SOLID WASTE ROUTE:	102	OMNI TAX DISTRICT:	N	
TRASH ROUTE:	00	DDA DISTRICT:	N	
STREET CLEAN ROUTE:	000	CD TARGET AREA:	01	

NEXT STREET:

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

**RECEIVED**  
**2010 AUG 13 PM 5:06**  
**PRISCILLA A. THOMPSON**  
**CITY CLERK**  
**CITY OF MIAMI, FL**



S110906110138 SAFE DRIVER  
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

RECEIVED  
2010 AUG 13 PM 5:06  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

RESTRICTIONS:  
ENDORSEMENTS:

CLASS: B - Any single vehicle with a GVWR of 26,001 LBS. or more

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

Executive Director *Sandra C. Lambert*  
Electra Theodorides-Busle  
Sandra C. Lambert  
Director of Driver Licenses  
S110906110138



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**AFFIDAVIT OF FINANCIAL HARDSHIP**

I, Ernest Mailhot, a candidate for the office of Miami City Commission 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 13, 2010  
Date

Ernest Mailhot  
Signature of Candidate

234 NE 79th St. #1112  
Miami, FL 33138  
Address of Candidate

RECEIVED

2010 AUG 13 PM 5:06

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

**AFFIDAVIT OF FINANCIAL HARDSHIP**

I, Ernest Mailhot, a candidate for the office of Miami City Commission 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.

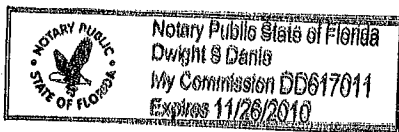
**I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Ernest Mailhot  
Signature of Affiant  
234 NE 79th St. #1112

Miami, FL 33138  
Address of Affiant

Sworn to (or affirmed) and subscribed before me this 13 day of August, 2010

Dwight S. Danis  
Signature of Notary Public - State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public



Personally Known \_\_\_\_\_ or Produced Identification  DL  
Type of Identification Produced: M430-213-48-166-0

RECEIVED  
2010 AUG 13 PM 5:06  
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