

Jerry D. Sutherland, Sr.

Address & Phone

Number

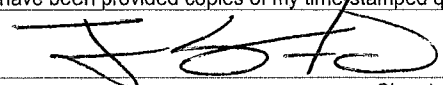
Confidential

Per

Florida Statute

119.07

Candidate Qualification Checklist

| QUALIFYING A CANDIDATE | | Print Candidate Name |
|---|---|-------------------------------------|
| DOCUMENT PRE-CHECK | | <i>Sally Suckler-Kend</i> |
| <input 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 checked="" type="checkbox"/> |
| 7 | County Ethics Declaration (Check for completeness) | <input checked="" type="checkbox"/> |
| TO DO | | |
| A | Make 1 copy of Voter's Registration, 3 Copies of Picture ID (copy of copy difficult to read), 1 Copy of Proof of Residency and return originals to candidate. | <input checked="" type="checkbox"/> |
| B | Copy of Proof of residency for one year prior to qualifying and current time (i.e., copy of deed, mortgage, lease, utility bill, affidavit, etc.) highlight significant dates | <input checked="" type="checkbox"/> |
| C | Verify that address is appropriate City address and that it falls within district boundary, if run 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. <i>RHM</i> | <input checked="" type="checkbox"/> |
| H | Make sure every blank is filled and all signatures required are executed. Have candidate take oath that all information is correct to the best of his/her knowledge. Do you swear (or affirm) that the statements in the affidavit are true and complete to the best of your knowledge and belief? They need not answer orally or raise their right hand; subsequent signing of the Affidavit is an adequate affirmation response. Then have candidate sign Affidavit of Candidate form; then clerk signs, dates and notarizes form. | <input checked="" type="checkbox"/> |
| ASSEMBLE DOCUMENTS | | |
| I | Place Documents in following order: Appt of Treas, Statement of Candidate, Affidavit of Candidate, Form 1, State Loyalty Oath, City Loyalty Oath, Ethics Declaration, Copy of Voter's Registration, Copy of Proof of Residency or affidavit, ARPS, Copy of Driver's License, Copy of Check or affidavit(s), Copy of Receipt. <i>ARPS, Lease, AB4no</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 candiate a copy elections package (letter and CD). Briefly highlight the election calendar and the clerk's website and explain contents of CD. | <input checked="" type="checkbox"/> |
| M | Have candidate sign form (see N below), then make 2 copies | <input checked="" type="checkbox"/> |
| CANDIDATE ACKNOWLEDGMENT OF RECEIPT | | |
| N | I am in receipt of the elections package containing a CD and letter from the City Clerk and I have been provided copies of my time-stamped qualification documents. | <input checked="" type="checkbox"/> |
| |  | <i>8/20/10</i> |
| | Signature | Date |

RECEIVED
 2010 AUG 20 PM 1:11
 THOMPSON
 CITY CLERK

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

(PLEASE TYPE)

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2010 AUG 20 PM 1:05

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

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate
JERRY DEAN SUTHERLAND

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

Telephone (optional)

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number)
CITY OF MIAMI Commissioner, Dist. 5

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

4. Name of Treasurer or Deputy Treasurer
JERRY DEAN SUTHERLAND

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

6. Telephone
786 357 4133

7. City
Miami

8. County
MIAMI DADE

9. State
FLORIDA

10. Zip Code
33127

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

11. Name of Bank
CHASE

12. Street Address
5800 NW 7 AVE

13. City
Miami

14. County
MIAMI DADE

15. State
FLORIDA

16. Zip Code
33127

17. Signature of Candidate
X [Signature]

Date
8/20/10

Campaign Treasurer's Acceptance of Appointment

I, **JERRY DEAN SUTHERLAND**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **JERRY D. SUTHERLAND**,

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

CITY OF MIAMI 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]
Signature of Campaign Treasurer or Deputy Treasurer

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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

2010 AUG 20 PM 05
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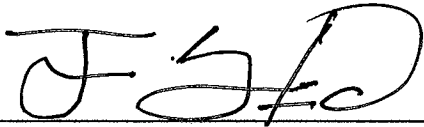
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, Jerry D. Sutherland, Sr.,

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

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

X



Signature of Candidate

8/20/10
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

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CITY CLERK
CITY OF MIAMI, FL

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA

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

JERRY D SUTHERLAND SR. (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is JERRY D SUTHERLAND SR.

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):

[REDACTED ADDRESS]

which is my legal address, and I have resided continually at said address from the 28 day of July 2008 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
[REDACTED ADDRESS]

For the Period
JUNE 2004 - JULY 2008

[REDACTED ADDRESS]

AUGUST 1998 - JUNE 2004

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:

[REDACTED ADDRESS]

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

[REDACTED ADDRESS]

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

[REDACTED ADDRESS]

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:

CITY OF MIAMI 444 SW 2 Avenue
MIAMI, FL

10. Affiant's occupation: POLICE OFFICER

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

4 1/2 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).

N/A

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

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

- (a) such employee or board member receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or
- (b) at the time such employee or board member appoints a campaign treasurer and designates a primary depository; or
- (c) at the time such employee or board member files qualification papers and subscribes to a candidates oath as required by law.

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CITY CLERK
CITY OF MIAMI, FL

The definition of "city board" is found in Section 2-882 of the Miami City Code.

14. Affiant's campaign headquarters address and telephone number:

8925 NW 34 Avenue Road Miami, FL 33147

Affiant's campaign treasurer's name:

JERRY DEAN SUTHERLAND

*Affiant's campaign treasurer's address:

[REDACTED]

Telephone numbers: (work) 786-357-4133

(home) _____

*[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:

JERRY D. SUTHERLAND

SIGNED THIS 20 DAY OF AUGUST, 2010

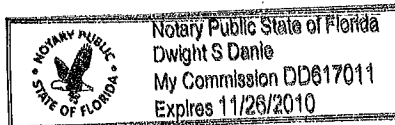
[Signature]

AFFIANT

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

[Signature]
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: DL S364-424-86-333-0

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PASCILLA A. THOMPSON
CITY CLERK
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:

SUTHERLAND JERRY DEAN

MAILING ADDRESS:

[REDACTED]

CITY:

Miami, 33127

ZIP:

COUNTY:

Miami Dade

NAME OF AGENCY:

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Police Officer Commissioner, Dist 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. Code

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 |
|--------------------------|-------------------|---|
| City of Miami | 444 SW 2nd Avenue | Police Department |
| | | |
| | | |

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 |
|-------------------------|---|-------------------|---------------------------------------|
| | | | |
| | | | |
| | | | |

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

| |
|--|
| |
| |
| |
| |

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 |
|--------------------|---|
| | |
| | |
| | |
| | |

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

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|---------------------|
| | |
| | |
| | |

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 CITY CLERK
 CITY OF MIAMI, FL

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 | | | |
| ADDRESS OF BUSINESS ENTITY | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | |
| POSITION HELD WITH ENTITY | | | |
| 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): 

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 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,

Jerry

First Name

D

Middle Name/Initial

Sutherland

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, Jerry D. Sutherland Sr.

(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 City of Miami 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



Jerry D. Sutherland Sr.

Signature of Candidate

Mailing Address

Day Phone

Fax Number

Miami
City

FL
State

33127
Zip Code

8/20/10
Date Signed

LOYALTY OATH

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

(Please Print)

I, JERRY D SUTHERLAND

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

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

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

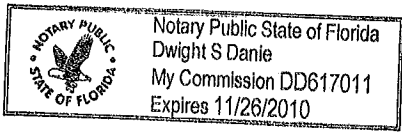
JERRY D. SUTHERLAND

(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 5; 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



[Redacted]

Address

[Redacted]

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.

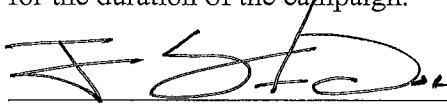
(Signature of Officer Administering the Oath, or of designated Notary Public – State of Florida) [Signature]

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

Personally Known OR Produced Identification Type of Identification Produced DL S-364-424-86-333-d

statement of fair campaign practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities which I may be considering. I hereby proclaim: (1) that my agreement to abide by the voluntary fair campaign practices is voluntary, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of its voluntary nature. I recognize that there is no penalty for refusing to agree to abide by the voluntary fair campaign practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the United States Constitution and Article I, section 4 of the Constitution of the State of Florida.

Once the Declaration and Waiver of First Amendment Rights is signed it is deemed irrevocable for the duration of the campaign.



Signature

8/20/10

Date

PLEASE FILE A COPY OF THIS FORM WITH THE MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST AND THE MIAMI-DADE SUPERVISOR OF ELECTIONS.

Miami-Dade Commission on Ethics
and Public Trust,
19 West Flagler Street, Suite 820
Miami, Florida 33130

Miami-Dade Supervisor of Elections
2700 N.W. 87th Avenue
Doral, Florida 33172

New P.O. Box #:
P.O. Box 521550
Miami, Florida 33172

For further information contact Miami-Dade Elections Department, Public Services at 305-499-8400

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CITY OF MIAMI, FL

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 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

Miami-Dade Elections Department
 Departamento de Elecciones de Miami-Dade
 Depatman Eleksyon Miami-Dade

• Address change within Miami-Dade County
 Please contact us by:
 phone | 305-499-VOTE (8683)
 e-mail | register@miamidade.gov
 mail | PO Box 521550 • Miami, FL 33152
 fax | 305-499-8371

• If you need to change your political party, name, and/or address to another Florida county, you must complete a new voter registration form.
 Forms can be downloaded by going to our website at www.miamidade.gov/elections or by going to a branch office. Call 305-499-VOTE for the closest location.

• Cambio de dirección dentro del Condado de Miami-Dade
 Por favor, comuníquese con nosotros por:
 teléfono | 305-499-VOTE (8683)
 correo electrónico | register@miamidade.gov
 correo | PO Box 521550 • Miami, FL 33152
 fax | 305-499-8371

• Para cambiar su partido político, nombre y/o su dirección para otro condado de la Florida es necesario rellenar un nuevo formulario de inscripción electoral.
 Estos formularios están disponibles en www.miamidade.gov/elections o en una oficina sucursal. Llame al 305-499-VOTE para averiguar la dirección de la ubicación más cercana a usted.

• Chanjman adrès andedan Konte Miami-Dade
 Tanpri kontakke nou pa:
 telefòn | 305-499-VOTE (8683)
 imèl | register@miamidade.gov
 lapòs | PO Box 521550 • Miami, FL 33152
 faks | 305-499-8371

• Pou chanje pati politik, non ak/oswa adrès w a yon lòt konte Florid li neses pou ranpli yon nouvo fom enskripsyon Votè.
 Fòm yo disponib sou sitwèb nou an nan www.miamidade.gov/elections oswa nan yon sikisal biwo nou. Rele 305-499-VOTE pou jwenn sa ki pre lakay w.
 Any questions? | ¿Preguntas? | Okenn kesyon?
 305-499-VOTE (8683)



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

Jerrv D Sutherland
 [Redacted]

Bring photo identification when voting.
 Para votar, presente una identificación con fotografía.
 Tranpri pote yon pès idantifikasyon ki gen foto w sou li lè w ap vin votè.
 Registration No. 04/13/10
 Nòm de inskripsyon
 Nòm Enskripsyon 110147036

Voting Location | Ubicación de la votación | Local Biwo Vot
 Edison Towers
 5821 NW 7 Ave

Practict No. 521
 Nòm del recibo
 Nòm Biwo Vot
 Identification Data
 Datos de identificación
 Ento. Idantifikasyon
 Registration Date
 Fecha de inscripción
 Dat Enskripsyon 1/5/2004

Party Affiliation | Afiliación partidista | Pati Politik
 FLORIDA DEMOCRATIC PARTY

Supervisor of Elections | Supervisor de Elecciones | Sipèvizè Eleksyon
 Lester Solis

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

| County Commission Comisión del Condado Komisyòn Konte | School Board Junta Escolar Asanble Edikasyon | State Senate Senado Estatal Sena Eta a | State House Cámara Estatal Lacham Et a | Community Council Consejo Comunitario Konsey Komunitè |
|---|--|--|--|---|
| 3 | 2 | 39 | 109 | 0 |

Municipal | Municipal | Minisipalite
 MIAMI



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2010 AUG 20 PM 1:06

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, JERRY D. SUTHERLAND candidate for City of Miami Commissioner, District 5, do hereby swear, that I reside at [REDACTED] and I have resided at this address for well over the 1-year qualifying requirements for residency in the District.

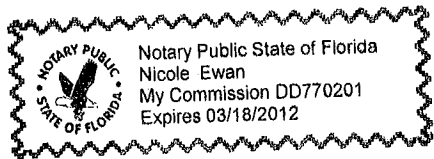
SIGNED THIS 20 DAY OF August, 2010.

[Signature]
AFFIANT

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

Nicole Ewan
Signature of Notary Public – State of Florida

(SEAL)



- Did take an oath
- Produced identification

Type of identification produced: Florida Driver's License
5364-424-86-333-0

STREET ID: 018530 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--



| | | | | |
|---------------------|-----------|---------------------|-------------------|----|
| FACE: | E | PRIMARY ZONE: | EMPOWERMENT ZONE: | N |
| ZIP CODE: | 331271100 | SD1 ZONE: | LATIN QUATERS: | N |
| CENSUS TRACT: | 1901 | SD2 ZONE: | VOTING DISTRICT: | 05 |
| CENSUS BLOCK: | 3019 | DDRI ZONE: | | N |
| FIRE 901 ZONE: | 1045 | 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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 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL



Florida *The Sunshine State*
DRIVER LICENSE CLASS E
S364-424-86-333-0
JERRY DEAN SUTHERLAND
 DOB: 09-13-1968 SEX: M
 EXPIRES: 09-13-2017
 ENDORSE:

Operation of a motor vehicle constitutes consent to any sobriety test required by law

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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. or any RV

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



Executive Director *Electra Theodorides*
 Electra Theodorides
 Sandra C. Lambert
 Director of Driver Licenses
 S110909290043
 Rev Date 08-31-09

www.flhsmv.gov



0100030422809120

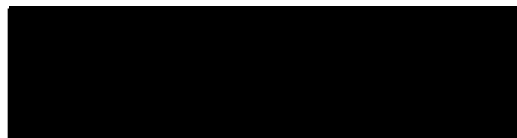
AFFIDAVIT OF FINANCIAL HARDSHIP

I, JERRY DEAN SUTHERLAND, a candidate for the office of CITY OF MIAMI COMMISSIONER DIST. 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.

8/20/10
Date

[Signature]
Signature of Candidate



Address of Candidate

RECEIVED

2010 AUG 20 PM 1:06

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

AFFIDAVIT OF FINANCIAL HARDSHIP

I, JERRY D. SUTHERLAND, a candidate for the office of CITY OF MIAMI COMMISSIONER DIST. 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.

[Signature]
Signature of Affiant

[Redacted]
Address of Affiant

Sworn to (or affirmed) and subscribed before me this 20 day of

August, 2010

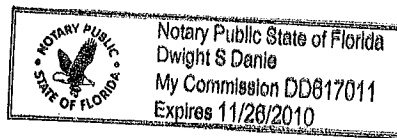
[Signature]
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known _____ or Produced Identification

Type of Identification Produced: DL
S 364-424-86-333-0

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2010 AUG 20 PM 1:06
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL



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2010 AUG 20 PM 1:06

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, Jerry D. Sutherland, candidate for City of Miami Commissioner, District 5, do hereby swear, that I have taken a leave of absence from my job with the City of Miami Police Department of which the effective date is today, August 20, 2010.

SIGNED THIS 20 DAY OF AUGUST, 2010.

Jerry D. Sutherland

AFFIANT

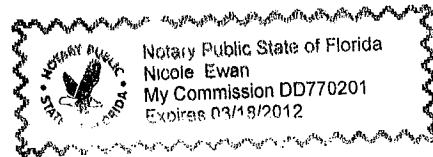
BEFORE ME, the undersigned authority, personally appeared Jerry D. Sutherland who, after first being duly sworn, deposes and states that he executed the foregoing to the best of his knowledge and belief.

Nicole Ewan

Signature of Notary Public – State of Florida

(SEAL)

- Did take an oath
- Produced identification



Type of identification produced: Fl. Driver's License
S364-424-86-333-0