

Candidate Qualification Checklist

QUALIFYING A CANDIDATE

Print Candidate Name

Mike Joseph

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
<i>App. Deput. Treasurer</i> | <input checked="" type="checkbox"/> |
| 2 | Statement of Candidate | <input type="checkbox"/> |
| 3 | Affidavit of Candidate (Check for completeness, do not sign or notarize until end) | <input checked="" type="checkbox"/> |
| 4 | Form 1 Statement of Financial Interests for prior year (Check completeness) | <input checked="" type="checkbox"/> |
| 5 | State Loyalty Oath | <input checked="" type="checkbox"/> |

OPTIONAL FORMS

- | | | |
|---|--|--------------------------|
| 6 | City Loyalty Oath (Notarize after checking for completeness) | <input type="checkbox"/> |
| 7 | County Ethics Declaration (Check for completeness) | <input type="checkbox"/> |

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>ARPS</i> | <input checked="" type="checkbox"/> |
| C | Verify that address is appropriate City address and that it falls within district boundary, if runn 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"/> |

RECEIVED
 2010 AUG 20 PM 4: 01
 RES. CLERK
 CITY OF MIAMI, FL
 HOEP SBN

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

[Handwritten Signature]

Signature

8-20-10
Date

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

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2010 AUG -9 AM 10:59

PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Mike Joseph

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

8328 NE 3rd Ct
 Miami, FL 33138

4. Telephone (optional)

()

5. E-mail address (optional)

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

District # 5

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

George L. Astwood

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

17936 NW 40TH COURT

12. Telephone

(786) 443-7998

13. City

MIAMI GARDENS

14. County

DADE

15. State

FL

16. Zip Code

33055

17. E-mail address (optional)

georgeastwood@comcast.net

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

19. Name of Bank

BANK OF AMERICA

20. Street Address

18400 NW 67 AVE

21. City

HIALEAH

22. County

DADE

23. State

FL

24. Zip Code

33015

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

8-6-10

26. Signature of Candidate

X

[Handwritten Signature]

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

I, George L. Astwood, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

Date

X

[Handwritten Signature]
 Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE TYPE)

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 OFFICE USE ONLY

2010 AUG 20 PM 3:51
 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate
 Mike Joseph

1. Address (include post office box or street, city, state, zip code)
 8328 NE 3rd Ct.
 Miami, FL 33138

Telephone (optional)

2. Party (Partisan candidates only)

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

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

4. Name of Treasurer or Deputy Treasurer
 Mike Joseph

5. Mailing Address (if post office box or drawer add street address)
 8328 NE 3rd Ct

6. Telephone
 786-443-7998

7. City
 Miami

8. County
 Miami-Dade

9. State
 FL

10. Zip Code
 33138

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

11. Name of Bank
 Sun Trust

12. Street Address
 1576 NE 16th Street

13. City
 North Miami Beach

14. County
 Miami-Dade

15. State
 FL

16. Zip Code
 33162

17. Signature of Candidate
 X

Date
 8-20-10

Campaign Treasurer's Acceptance of Appointment

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

Campaign Treasurer Deputy Treasurer for the campaign of Michael Jackson Joseph

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

District 5 Commissioner. As a duly registered voter in Miami-Dade

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
 ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

8-20-10
 Date

X
 Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

2010 JUL 29 AM 8:46

PRISCILLA JOSE THOMPSON
CITY CLERK
CITY OF MIAMI, FL

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

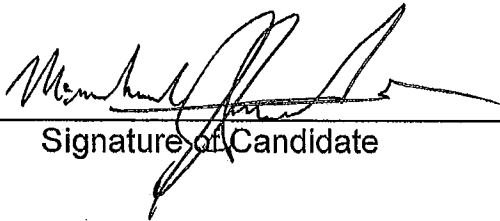
(Please Type)

I, Michael J. Joseph,

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

07/15/2010

Date

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

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AFFIDAVIT OF CANDIDACY AUG 20 PM 3:51

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

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

Mike Joseph (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Mike Joseph.

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):

8328 NE 3rd Ct 33138, which is my legal address, and I have resided continually at said address from the 2 day of July 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 928 NE 82nd St, Miami, FL 33138 For the Period 1991-2009

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:

928 NE 82nd St, Miami, FL 33138

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

N/A

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

_____ N/A _____

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

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

_____ N/A _____

10. Affiant's occupation:

Lawyer

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

_____ May 2010 - Present _____

(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).

U.S. Department of Homeland Security
8801 NW 7th Ave, Miami, FL 33150

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

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

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

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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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:

8378 NE 3rd Ct., Miami, FL 33138

Affiant's campaign treasurer's name:

George L. Astwood

*Affiant's campaign treasurer's address:

17936 NW 40th Court, Miami Gardens, FL 33055

Telephone numbers: (work) 786-443-7498
(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.

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

Michael Jackson Joseph

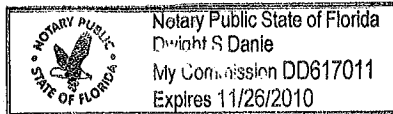
SIGNED THIS 20 DAY OF August, 2010

[Signature]
AFFIANT

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

[Signature]
for
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



RECEIVED
2010 AUG 20 PM 3:51
BRISCELLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Did take an oath
 Produced identification

Type of identification produced: DL J-210-540-81-298-0

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Joseph Mike

MAILING ADDRESS :

8328 NE 3rd ct

CITY : ZIP : COUNTY :

Miami 33138

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:

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
N/A		

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

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
Stock	Freddie Mac
Stock	Sirius

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 KRISTILLA A. THOMPSON
 CITY CLERK
 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
U.S. Dept. of Education	P.O. Box 242800, Louisville, KY 40224-2800

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

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

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

SIGNATURE (required): 

DATE SIGNED (required): 8-18-10

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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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

Miami-Dade COUNTY

(PLEASE PRINT)

I, <u>Michael</u>	<u>—</u>	<u>Joseph</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Michael Jackson Joseph
(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



[Handwritten Signature]
Signature of Candidate

8328 NE 3rd Ct
Mailing Address

786-897-3773
Day Phone

—
Fax Number

Miami
City

FL
State

33138
Zip Code

8-18-10
Date Signed



Voter Information Card
Miami-Dade County, FL

Tarjeta de información del elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Mike Joseph
8328 NE 3Rd Ct
Miami FL 33138

ISSUED
EMITIDA
ENPRIME
06/23/10

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.

Registration No.
Núm. de inscripción
Nim. Enskripsyon
109887630

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Jesse J. McCrary, Jr. Elemen School
514 NW 77 St

Precinct No. Núm. del recinto Nim. Biwo Vòt	Identification Data Datos de identificación Enfo. Idantifikasyon	Registration Date Fecha de inscripción Dat Enskripsyon
501	8/18/1981	7/3/2000

Party Affiliation | Afiliación partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

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

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.

Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lachannm Eta a
17	33	108

County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asanble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
3	2	0

Municipal | Municipal | Minisipalite
MIAMI



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2010 AUG 20 PM 3:52
PRISCILLA A THOMPSON
CITY CLERK
CITY OF MIAMI, FL

RECEIVED

2010 AUG 20 PM 3: 52

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

City of Miami

Office of the City Clerk

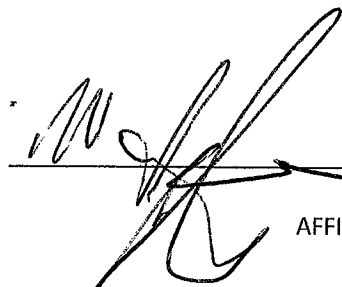
3500 Pan American Drive

Miami, FL 33133

To whom it may concern

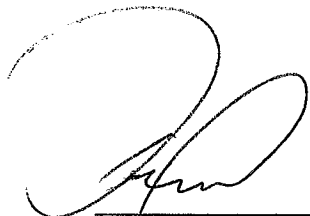
I, Michael J. Joseph candidate for City of Miami Commissioner, District 5, do hereby swear, that I reside at 8328 NE 3rd St, Miami FL 33138, and I have resided at this address for well over the 1-year qualifying requirements for residency in the District.

SIGNED THIS 20 DAY OF August, 2010.



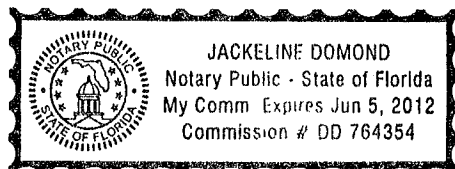
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Joseph Mike, who, after first being duly sworn, deposes and states that _____ executed the foregoing to the best of _____ knowledge and belief.



Signature of Notary Public – State of Florida

(SEAL)



Did take an oath

Produced identification

Type of identification produced: PDR S 210 540.81 -298,0

RECEIVED
2010 AUG 20 PM 3:52
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF HIAWASSEE, FL

STREET ID: 010130 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--
8200 - 8398 NE 3 CT 0 EVEN

FACE: E PRIMARY ZONE: EMPOWERMENT ZONE: N
ZIP CODE: 331383900 SD1 ZONE: LATIN QUATERS: N
CENSUS TRACT: 1402 SD2 ZONE: VOTING DISTRICT: 05
CENSUS BLOCK: 1002 DDRI ZONE: N
FIRE 901 ZONE: 1422 SEOPWDRI ZONE: N
FIRE SFBC ZONE: 3A 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: 1-CONTINUE ACTION: 01
XMIT:

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2010 AUG 20 PM 3:52
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL



Florida *The Sunshine State*
DRIVER LICENSE CLASS E
J210-640-81-298-0
MIKE
JOSEPH
8328 NE 3 COURT
MIAMI, FL 33158
DOB 05-18-1981 SEX M
ISSUED 05-18-2008 HGT 6-01
EXPIRES 05-18-2014
ENDORSE
REPLACED 05-18-2010

Mike

SAFE DRIVER
 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 *Julie Jones*
 Julie Jones
 Sandra C. Lambert *Sandra C. Lambert*
 Director of Driver Licenses
 X631005191167
 Rev Date 00-31-09

www.flhsmv.gov



010029680510069

From Campaign Account Michael Jackson Jsep 093

8/20/10

63-215/631

Date

Pay to the order of

City of Miami

Six hundred eighty two dollars ⁰⁰/₁₀₀

\$ 682.00

Dollars



Security Features Details on Back.



ACH RT 061000104

For

[Signature]

MP

⑆063102152⑆1000113448082⑆0093



City of Miami OFFICIAL RECEIPT

No. 372832

Date: 08/20/10

\$ 682.⁰⁰ Sales Tax \$ — Total \$ 682.⁰⁰
Six hundred eighty two and ⁰⁰/₁₀₀ /100 Dollars

Received from: Campaign Account Michael Joseph

Address: 8328 NE 3rd Ct. Miami, FL 33138

For: Qualifying Fee Reference No: CK#093

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: *N. Ewan*
Department: *City Clerk*
Division: _____

C FN/TM 402 Rev. 03/03

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

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