


Candidate Qualification Checklist

QUALIFYING A CANDIDATE		RECEIVED Print Candidate Name
DOCUMENT PRE-CHECK		2010 AUG 19 PM 3:54
<input checked="" 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		PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI, FL
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 runoff 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"/>
ASSEMBLE DOCUMENTS		
I	Place Documents in following order: Appt of Treas, Statement of Candidate, Affidavit of Candidate, Form 1, State Loyalty Oath, City Loyalty Oath, Ethics Declaration, Copy of Voter's Registration, Copy of Proof of Residency or affidavit, ARPS, Copy of Driver's License, Copy of Check or affidavit(s), Copy of Receipt.	<input checked="" type="checkbox"/>
J	Time-stamp documents and make 2 sets of copies of all documents. Replace Copy of Driver's license with copy made in Step A. Candidate gets one copy of everything. Second set of copies are sent to Supervisor of Elections.	<input checked="" type="checkbox"/>
L	Give candidate a copy elections package (letter and CD). Briefly highlight the election calendar and the clerk's website and explain contents of CD.	<input checked="" type="checkbox"/>
M	Have candidate sign form (see N below), then make 2 copies	<input checked="" type="checkbox"/>
CANDIDATE ACKNOWLEDGMENT OF RECEIPT		
N	I am in receipt of the elections package containing a CD and letter from the City Clerk and I have been provided copies of my time-stamped qualification documents.	<input checked="" type="checkbox"/>
		8-19-10
	Signature	Date

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AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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

Richard P. Dunn II (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Richard P. Dunn II

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. 512.

I presently reside at the following address (must include zip code):
1895 N.W. 57th Street Miami, FL 33142-3055,
which is my legal address, and I have resided continually at said address from the 1st day of 12/95 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

Prior Addresses	For the Period
<u>N/A</u>	
_____	_____

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)

~~N/A~~ R.O. 1895 N.W. 57th Street Miami, FL 33142-3055

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

N/A

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI

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:

Faith Community Baptist Church - 10401 N.W. 8th Ave. MIAMI, FL 33150
City of Miami 3500 PAN AMERICAN BLVD MIAMI, FL 33133

10. Affiant's occupation: Senior Pastor - Commissioner, District 5

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

19 months - 7 months - City of Miami
Faith Community

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

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CITY CLERK
CITY OF MIAMI, FL

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

1945 N.W. 57th Street MIAMI, FL 33142 - 786-277-7556

Affiant's campaign treasurer's name:

W. B. Koon

*Affiant's campaign treasurer's address:

540 N.W. 165 Street Road, MIAMI, FL 33169

Telephone numbers: (work) 305-944-6201

(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:

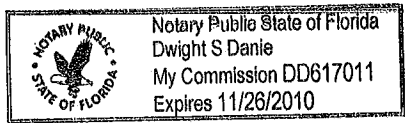
Richard P. Dunn II

SIGNED THIS 19 DAY OF August, 2010.

Richard P. Dunn II
AFFIANT

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

D. S. Danie
for CITY CLERK,
CITY OF MIAMI, FLORIDA



(SEAL)

Did take an oath
 Produced identification

Type of identification produced: D500-755-60-415-0

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Dunn II - Richard Paul

MAILING ADDRESS :

1995 N.W. 57th Street

MIAMI, CITY:

33142 ZIP:

Miami-Dade COUNTY:

NAME OF AGENCY :

CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commission 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. Code

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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
Cathedral of Hope Church	15600 N.W. 42nd Avenue	Senior Pastor
Faith Community Baptist Church	10401 N.W. 9th Avenue	Senior Pastor

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
N/A	

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 CITY CLERK
 CITY OF HIAWATHA, FL

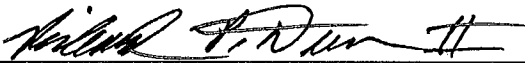
PART E — LIABILITIES [Major debts]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
October Financial Corporation F.R.S.O	P.O. Box 795057 Orlando, FL 32878-5057
American Education Services	Atlanta, GA 39901-0002
U.S. Department of Education	Harrisburg, PA 17103-2461 P.O. Box 2461
	P.O. Box 414 Greenville, TX 75403-4140

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): 8-19-10

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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OFFICE ONLY
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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,

<u>Richard</u> First Name	<u>PAUL</u> Middle Name/Initial	<u>Dunn</u> Last Name
------------------------------	------------------------------------	--------------------------

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

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Richard P. Dunn II
(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



Richard P. Dunn II
Signature of Candidate

1895 N.W. 57th Street 786-277-7556
Mailing Address Day Phone Fax Number

Miami FL 33142 8-19-10
City State Zip Code Date Signed

LOYALTY OATH

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)
(Please Print)

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CITY CLERK
CITY OF MIAMI

I, Richard P. Dunn
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.

Richard P. Dunn II
Signature of Candidate

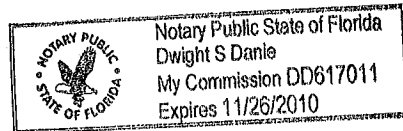
OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

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

Richard P. Dunn II
(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.



Richard P. Dunn II
Signature of Candidate
1895 N.W. 57th Street
Address
Miami, FL 33142
City State ZIP Code

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

and subscribe before me this 19th 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

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CITY CLERK
CITY OF MIAMI, FL

You are eligible to vote in any of the districts listed below.
Ud. es elegible para votar en cualquiera de los distritos enumerados abajo.

09/25/2003

CONGRESS
CONGRESO

017

STATE SENATE
SENADO ESTATAL

LS9

STATE HOUSE
CAMARA ESTATAL

109

COUNTY COMMISSION
COMISION DEL CONDADO

03

SCHOOL BOARD
JUNTA ESCOLAR

02

PARTY AFFILIATION
PARTIDO

DEM

COMMUNITY COUNCIL
CONSEJO COMUNITARIO

03

MUNICIPAL
MUNICIPAL
MI05

REGISTRATION NO.
FECHA DE INSCRIPCION
00525789



VOTER ID CARD
MIAMI-DADE COUNTY, FL

TARJETA DE IDENTIFICACION DE ELECTOR
CONDADO DE MIAMI-DADE, FLA.

REGISTRATION DATE
FECHA DE INSCRIPCION

06/22/83 MB

IDENTIFICATION DATA
DATOS DE IDENTIFICACION

11/15/60

PRECINCT
NUM. DE SECCIONES

512

00525789
DUNN, RICHARD PAUL II
1895 NW 57TH ST
MIAMI FL 33142

PLAZA DE RECEPCION DE VOTACION

ST PAUL AME CHURCH
1892 NW 51 TR

X *Richard Paul II*
SIGNATURE OF VOTER / FIRMA DEL ELECTOR



Delivering Excellence Every Day

Miami-Dade Water and Sewer Department
P O Box 026055
Miami, Fl. 33102-6055

Name: RICHARD DUNN
Account Number:
Billing Date: 03/05/2009
Past Due Date: 03/26/2009

Billing Inquiries (hours 8:00 - 7:00 PM) 305-665-7477
All Other Inquiries (hours 8:00 - 7:00 PM) 305-665-7488

Messages

PAY your bill and VIEW your account on-line at www.miamidade.gov. To PAY by phone, call 1-877-565-9300.

Please note that the graph showing your usage history will not be available for the next two quarters due to programming upgrades to the billing system.

NEED MORE TIME TO PAY YOUR BILL? Call 305 665-7477 and apply for a two-week extension using our 24-HOUR automated system.

Account Summary

Table with 2 columns: Description, Amount. Rows: Previous Balance (\$ 247.91), Current Charges (246.08), Adjustments (86.95), Total Account Balance (\$ 580.94)

Unpaid Balance Due Immediately 247.91

Table with 8 columns: Service From, Service To, Meter Number, Days of Service, Prior Reading, Current Reading, Consumption in CCF, Consumption in Gallons. Row 1: 11/25/08, 02/26/09, 40772695, 93, 469, 512, 43, 32164

Service Address: 1895 NW 57TH ST, RES

Water Charges



Table with 2 columns: Description, Amount. Rows: Hydrant Charge (2.40), Water Charges (75.58), Water Charges Subtotal (\$ 77.98)

Adjustments

Table with 2 columns: Description, Amount. Rows: NSF Check Fee (\$ 30.00), Late Payment Fee (\$ 6.19), Cut Field Visit Charge (\$ 20.00), Field Visit-Extension To Pay (\$ 20.00)

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CITY CLERK
CITY OF MIAMI, FL

For more information see back of bill
Return this portion with Payment
Miami-Dade Water and Sewer Department
P O Box 026055
Miami, Fl. 33102-6055

Table with 5 columns: Account Number, Past Due Date, Amount Due (US \$), Amount Enclosed, Description. Row 1: [Redacted], 03/26/2009, \$ 580.94, To avoid termination of service the unpaid balance of \$ 247.91 is past due and must be paid immediately

- Payment in US funds must be received by Miami-Dade Water and Sewer Department by the past due date indicated to avoid discontinuance of service
In accordance with Department Rules and Regulations, a 10% late charge will be assessed if payment is not received by the past due date
Please report any hazardous conditions immediately, call 305-274-9272.

RICHARD DUNN
1895 NW 57TH ST
MIAMI FL 33142-3055



Cash Only Cash Only Cash Only Cash Only Cash Only

21101924





Delivering Excellence Every Day

Miami-Dade Water and Sewer Department
P O Box 026055
Miami, Fl. 33102-6055

Name: RICHARD DUNN
Account Number: [REDACTED]
Billing Date: 03/05/2009
Past Due Date: 03/26/2009

Billing Inquiries (hours 8:00 – 7:00 PM) 305-665-7477
All Other Inquiries (hours 8:00 – 7:00 PM) 305-665-7488

Sewer Fees

Utility Service Fee	10.07
Sewer Fees Subtotal	\$ 10.07

Stormwater

For Information Call: 305-416-1222

City of Miami Stormwater Charge	10.50
Stormwater Subtotal	\$ 10.50

22101925



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CITY CLERK
CITY OF MIAMI, FL

001000

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

City of Miami
Office of the City Clerk
3500 Pan American Drive
Miami, FL 33133

To whom it may concern

I, Richard P. Dumit candidate for City of Miami Commissioner, District 5, do hereby swear, that I reside at 1895 N.W. 5th Street - Miami, FL 33142 and I have resided at this address for well over the 1-year qualifying requirements for residency in the District.

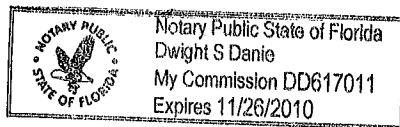
SIGNED THIS 19 DAY OF August, 2010

Richard P. Dumit
AFFIANT

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

D. S. Danie
Signature of Notary Public – State of Florida

(SEAL)



- Did take an oath
- Produced identification

Type of identification produced: DL D500-755-60-45-0

STREET ID: 081721 IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
1801 - 1899	NW 57		ST	1 ODD
FACE:	S	PRIMARY ZONE:		EMPOWERMENT ZONE: N
ZIP CODE:	331423055	SD1 ZONE:		LATIN QUATERS: N
CENSUS TRACT:	1801	SD2 ZONE:		VOTING DISTRICT: 05
CENSUS BLOCK:	2006	DDRI ZONE:	N	
FIRE 901 ZONE:	1052	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:	107	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: 1-CONTINUE				ACTION: 01
				XMIT:

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 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL



Florida *The Sunshine State*
DRIVER LICENSE CLASS E
D500-755-60-415-0
RICHARD PAUL
DUNN JR
 1896 NW 57 ST
 MIAMI, FL 33142-3066
 DOB: 11-15-1960 SEX: M
 HEIGHT: 5-07 HGT: 5-07
 HAIR: BRN EYES: BRN
 EXPIRES: 11-15-2011

ORGAN DONOR

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 Lambert*
 Director of Driver Licenses
 S110912010307
 Rev Date 08-31-09
www.flhsmv.gov



010003476000207

CAMPAIGN ACCOUNT OF RICHARD PA
585 NW 135TH ST
DAVIE, FL 33168-3846

7417210009

9-32/720

DATE 8/10/10

PAY TO THE
ORDER OF

City of Miami

\$ 682.00

Six hundred eighty two

DOLLARS 



JPMorgan Chase Bank, N.A.
Detroit, Michigan 48226

MEMO

Campaign Filing Fee

Richard P. Dunn II

⑈ 7417210009 ⑈ ⑆ 072000326 ⑆ 824286215 ⑈



City of Miami
OFFICIAL RECEIPT

No. 372831

Date: 8/19/2010

\$ 682 Sales Tax \$ _____ Total \$ 682
Six Hundred Eighty Two and 00/100 /100 Dollars

Received from:

Richard P. Dunn II

Address:

585 NW 135th St Davie F 33168 (Campaign Acct)

For:

Candidate Qualifier

Reference No: check # 7417210009

This Receipt not VALID unless dated, filled in and signed by authorized employee of department or division designated hereon and until the City has collected the proceeds of any checks tendered as payment herein.

By:

Dwight Danner

Department:

City Clerk

Division:

Electors

C FN/TM 402 Rev. 03/03

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

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