

Candidate Qualification Checklist

QUALIFYING A CANDIDATE		Print Candidate Name
		Donna M. /o
DOCUMENT PRE-CHECK <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 from #92 Mayor (\$1,600)/affidavit/certificate		RECEIVED 2011 AUG 30 PM 2:25 PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI, FL.
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)	


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 running for Commission seat. Print ARPS. Correct District Number is printed on voter's registration card. Highlight and Verify!	<input checked="" type="checkbox"/>
D	Copy of Drivers license or other picture ID Highlight name and address.	<input checked="" type="checkbox"/>
E	Copy of Voter's registration card - verify precinct, Highlight precinct, commission district and address	<input checked="" type="checkbox"/>
F	Check from campaign account (\$1,600 for mayor; \$682 for commissioner) made payable to City of Miami. Or Affidavit(s). Or Petition Certificate. Make 1 copy - put original check in safe.	<input checked="" type="checkbox"/>
G	Write receipt for check. Make 1 copy, return original to candidate.	<input 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 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 type="checkbox"/>
M	Have candidate sign form (see N below), then make 2 copies	<input 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"/>
	 Candidate Signature	AUG. 30 th 2011 Date
	Not Present Treasurer Signature	Date

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY
RECEIVED

11 MAR -8 AM 10:19

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI FL

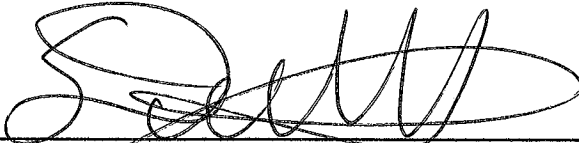
I, DONNA MILO,

candidate for the office of CITY OF MIAMI DISTRICT 2 ;
COMMISSION

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X


Signature of Candidate

3/2/11
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).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

11 MAR -8 AM 10:19

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):
 Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last) DONNA MILO
 3. Address (include post office box or street, city, state, zip code) 738 NE 75 ST MIAMI, FL 33138

4. Telephone (954) 914 2822 5. E-mail address donnamilo@donnamilo.com

6. Office sought (include district, circuit, group number) DIST. 2 CITY OF MIAMI
 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 DONNA MILO

11. Mailing Address 738 NE 75 ST MIAMI 12. Telephone ()

13. City MIAMI 14. County DADE 15. State FL 16. Zip Code 33138 17. E-mail address DONNAMILO@DONNAMILO.COM

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

19. Name of Bank CONTINENTAL NATL. BANK 20. Address 1801 SW 1ST ST.

21. City MIAMI 22. County DADE 23. State FL. 24. Zip Code 33135

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 3/4/11 26. Signature of Candidate [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
 I, DONNA MILO, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
3/4/11 Date [Signature] Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

RECEIVED

11 MAR -8 AM 10:19

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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

DONNA E. MILD

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

738 NE 75 STREET
MIAMI FL. 33138

4. Telephone

(954) 914-2822

5. E-mail address

DONNAMILD@DONNAMILD.COM

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

DISTRICT 2, COMMISSION, CITY OF MIAMI

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

Ernesto Martinez Jr.

11. Mailing Address

2937 SW 27 Ave., Ste. 104

12. Telephone

(305) 446-0702

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33133

17. E-mail address

emjfirm@aol.com

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

19. Name of Bank

CONTINENTAL NATIONAL BANK

20. Address

1801 SW 1ST STREET

21. City

MIAMI

22. County

MIAMI DADE

23. State

FLA.

24. Zip Code

33135

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

3/4/11

26. Signature of Candidate

[Handwritten Signature]

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

I, Ernesto Martinez Jr., do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3/4/11
Date

[Handwritten Signature]
Signature of Campaign Treasurer or Deputy Treasurer

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED

2011 AUG 30 PM 2: 16

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

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

DONNA MILO (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is DONNA MILO.
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 2 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. 504.

I presently reside at the following address (must include zip code):
738 NE 75 STREET MIAMI, FL 33138
which is my legal address, and I have resided continually at said address from the 1st day of OCT, 2010 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>1074 NE LITTLE RIVER DR.</u>	<u>2009-2010</u>
<u>1080 NE LITTLE RIVER DR.</u>	<u>2005-2009</u>

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

NONE

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)

NO. MINOR CHILDREN

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:

DONNA E. MILO, INC.

738 NE 75th STREET MIAMI, FL 33138

10. Affiant's occupation:

BUILDER

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

29 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:

738 NE 75th STREET MIAMI, FL 33138 (786)447-7322

Affiant's campaign treasurer's name:

ERNESTO MARTINEZ JR.

*Affiant's campaign treasurer's address:

2655 LEJUNE RD STE. 323 CORAL GABLES, FL 33134

Telephone numbers: (work) 305-446-0702

(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:

DONNA MILO

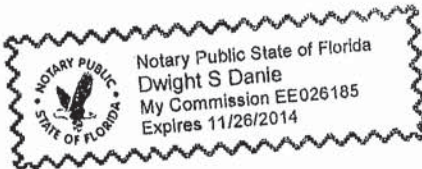
SIGNED THIS 30th DAY OF August, 2011.

[Signature]
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Donna Milo, who, after first being duly sworn, deposes and states that she executed the foregoing to the best of her knowledge and belief.

[Signature]
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: Drivers License M-400-145-61-721-0

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

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

FINANCIAL INTERESTS

RECEIVED

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MILO DONNA

FOR OFFICE USE ONLY

AUG 30 PM 2:16

MAILING ADDRESS :

738 NE 75th STREET

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

MIAMI 33138 MIAMI-DADE
CITY : ZIP : COUNTY :

ID No.

Conf. Code

P. Req. Code

NAME OF AGENCY :

CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY COMMISSIONER DISTRICT 2

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

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 (must check one):

DECEMBER 31, 2010 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 (must 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
DONNA E MILO INC	738 NE 75th STREET MIAMI FL 33138	CONSTRUCTION SERVICES

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

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

2151 SW 23rd AVE. FT. LAUD, FL. 33312

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
NONE	
	2011 AUG 30 PM 2:16
	PRISCILLA 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
NONE	

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	DONNA E. MILO INC		
ADDRESS OF BUSINESS ENTITY	738 NE 75 th St. MIAMI		
PRINCIPAL BUSINESS ACTIVITY	CONSTRUCTION		
POSITION HELD WITH ENTITY	PRESIDENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	YES		

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

SIGNATURE (required):



DATE SIGNED (required):

8/30/11

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.

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH NO PARTY AFFILIATION

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2011 AUG 30 PM 2:16

PRISCILLA A. THOMPSON OFFICE USE ONLY

CITY CLERK

CITY OF MIAMI, FL.
Milo

I,

Donna

E

First Name

Middle Name/Initial

Last Name

a citizen of the State of Florida and of the United States of America, and being [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.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

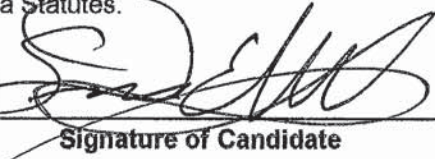
Donna Milo

(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 with no party affiliation for the office of City of Miami Commission, 2,
(office) (district #)

 , ; I am a qualified elector of Miami-Dade County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

X 

(786) 447-7322

donnamilo@donnamilo.com

Signature of Candidate

Telephone Number

Email Address

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Donna Milo

STATE OF FLORIDA

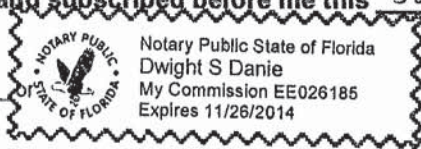
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 30 day of August, 2011.

Personally Known: _____

Produced Identification:

Type of Identification Produced: Driver's License M400-165-61-721-0



Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

LOYALTY OATH

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

RECEIVED

2011 AUG 30 PM 2:16

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

I, DONNA

—

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

OATH OF CANDIDATE

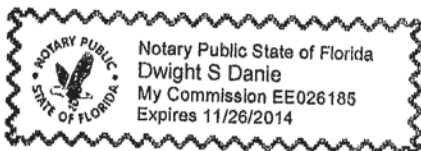
OFFICE OF CITY OF MIAMI COMMISSIONER

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

DONNA MILO

(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 2; 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 Section 99.021, 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

738 NE 75 ST.

Address

MIAMI, FL 33138

City State ZIP Code

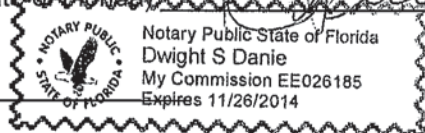
The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribe before me this 30th day of August, 2011.

(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)



Personally Known OR Produced Identification Type of Identification Produced

Driver's License

M-400-165-61-721-0

RECEIVED

2011 AUG 30 PM 2:16

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, DONNA MILO candidate for City of Miami Commissioner, District 2, do hereby swear, that I reside at 738 NE 75 STREET MIAMI, and 1074 NE LITTLE RIVER DRIVE and I have resided at these addresses for well over the 1-year qualifying requirements for residency in the District.

SIGNED THIS 30 DAY OF AUGUST, 2011.

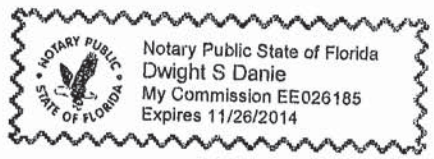

AFFIANT

BEFORE ME, the undersigned authority, personally appeared Donna Milo, who, after first being duly sworn, deposes and states that she executed the foregoing to the best of her knowledge and belief.



Signature of Notary Public – State of Florida

(SEAL)



Did take an oath
 Produced identification

Type of identification produced: Driver's License M400-165-61-721-0



Voter Information Card
Miami-Dade County, FL

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

Kat Enfòmasyon Votè
Konte Miam-Dade, FL

Donna Elizabeth Mijo
738 NE 75Th St
Miami FL 33138

ISSUED
EMITIDA
ENPRIME
04/26/11

Bring photo identification
when voting.

Registration No.
Núm. de inscripción
114484997

Para votar, presente una
identificación con fotografía.

Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li te w'ap vin vote.

Voting Location | Ubicación de la votación | Lokal Biwo Votè
Legion Memorial Park
6447 NE 7 Ave

Precinct No. | Identificación Data | Registration Date
Núm. del recinto | Datos de identificación | Fecha de inscripción
Nim. Biwo Votè | Entro. Identifikasyon | Dat Enskripsyon
504 | 6/21/1961 | 7/20/2006

Party Affiliation | Afilación partidista | Pati Politik
REPUBLICAN PARTY OF FLORIDA

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

You are eligible to vote for the representatives from the districts listed below.
Uri, potègi votè por los representantes de los distritos enumerados abajo.
W'elègi pou w vote pou reprezantan ki nan distri ki dekri anba a yo.

Congress | State Senate | State House
Kongre | Senado Estatal | Càmarà Estatal
20 | 35 | 108

County Commission | School Board | Community Council
Comisión del Condado | Junta Escolar | Consejo Comunitario
Konsiyon Konte | Asamble Edifikasyon | Konsèy Komünite

3 | 2 | 0

Municipal | Municipal | Minisipalite

MIAMI



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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

Chanpri kontakite nou pa:

telefon | 305-499-VOTE (8683)
imel | 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 nesese pou ranpli yon nouvo fòm enskripsyon Votè.

Fòm yo disponib sou sitwèb nou an nan www.miamidade.gov/elections ouwa nan yon sikisal biwo nou. Rele 305-499-VOTE pou jwenn li ki pre lakay w.

Questions? | Preguntas? | ?

(8683) 305-499-503

Residential Lease for Single Family Home and Duplex
FLORIDA ASSOCIATION OF REALTORS®

(FOR A TERM NOT TO EXCEED ONE YEAR)
A BOX () OR A BLANK SPACE () INDICATES A PROVISION WHERE A CHOICE OR DECISION MUST BE MADE BY THE PARTIES.

THE LEASE IMPOSES IMPORTANT LEGAL OBLIGATIONS. MANY RIGHTS AND RESPONSIBILITIES OF THE PARTIES ARE GOVERNED BY CHAPTER 83, PART II, RESIDENTIAL LANDLORD AND TENANT ACT, FLORIDA STATUTES. UPON REQUEST, THE LANDLORD SHALL PROVIDE A COPY OF THE RESIDENTIAL LANDLORD AND TENANT ACT TO THE TENANT(S).

1. PARTIES. This is a lease ("the Lease") between

Patricia Baloyra + CHRISTINA ARANGO

("Landlord") and

(name and address of owner of the property)

DOHA E. MILO

("Tenant.")

(name(s) of person(s) to whom the property is leased)

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CITY CLERK
CITY OF MIAMI, FL.

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2. PROPERTY RENTED. Landlord leases to Tenant the land and buildings located at

738 NE 75th St, MIAMI

(street address)

, Florida

33138
(zip code)

together with the following furniture and appliances [List all furniture and appliances. If none, write "none."] (In the Lease, the property leased, including furniture and appliances, if any, is called "the Premises"):

The Premises shall be occupied only by the Tenant and the following persons:

3. TERM. This is a lease for a term, not to exceed twelve months, beginning on

OCT. 1, 2010

(month, day, year)

and ending

SEP. 31, 2011

(month, day, year)

(the "Lease Term").

4. RENT PAYMENTS, TAXES AND CHARGES. Tenant shall pay total rent in the amount of \$ 1,800 (excluding taxes) for the Lease Term. The rent shall be payable by Tenant in advance

in installments. If in installments, rent shall be payable

monthly, on the 1st day of each month. (If left blank, on the first day of each month.)

weekly, on the _____ day of each week. (If left blank, on Monday of each week.)

in the amount of \$ _____ per installment.

In full on _____ (date) in the amount of \$ _____.

Tenant shall also be obligated to pay taxes on the rent when applicable in the amount of \$ N/A

with each rent installment with the rent for the full term of the Lease. Landlord will notify Tenant if the amount of the tax changes.

Payment Summary

If rent is paid in installments, the total payment per installment including taxes shall be in the amount of \$ 1800.

If rent is paid in full, the total payment including taxes shall be in the amount of \$ _____.

All rent payments shall be payable to LANDLORD (name) at _____

(name)

_____. (If left blank, to Landlord at Landlord's address).

PREPARED BY: Jack Coden, Realtor

RLHD-2, Residential Lease For Single Family Home And Duplex, 10/00, Florida Association of REALTORS®

Approved for use under rule 10-2.1(a) of The Rules Regulating The Florida Bar

RealFAST® Software ©2010, Version: 6.16. Software Registered to: Jack Coden, Keller Williams Realty

Tenant(s) _____

Landlord(s) _____

property. Tenant agrees not to use, keep, or store on the Premises any dangerous, explosive, toxic material which would increase the probability of fire or which would increase the cost of insuring the Premises.

18. RISK OF LOSS/INSURANCE.

- A. Landlord and Tenant shall each be responsible for loss, damage, or injury caused by its own negligence or willful conduct.
- B. Tenant should carry insurance covering Tenant's personal property and Tenant's liability insurance.

19. DEFAULTS/REMEDIES. Should a party to the Lease fail to fulfill their responsibilities under the Lease or need to determine whether there has been a default of the Lease, refer to Part II, Chapter 83, entitled Florida Residential Landlord and Tenant Act which contains information on same, and/or remedies available to the parties.

20. SUBORDINATION. The Lease is subordinate to the lien of any mortgage encumbering the fee title to the Premises from time to time.

21. LIENS. Tenant shall not have the right or authority to encumber the Premises or to permit any person to claim or assert any lien for the improvement or repair of the Premises made by the Tenant. Tenant shall notify all parties performing work on the Premises at Tenant's request that the Lease does not allow any liens to attach to Landlord's interest.

22. RENEWAL/EXTENSION. The Lease can be renewed or extended only by a written agreement signed by both Landlord and Tenant, but the term of a renewal or extension together with the original Lease Term may not exceed one year. A new lease is required for each year.

23. TENANT'S PERSONAL PROPERTY. BY SIGNING THIS RENTAL AGREEMENT, TENANT AGREES THAT UPON SURRENDER OR ABANDONMENT, AS DEFINED BY THE FLORIDA STATUTES, LANDLORD SHALL NOT BE LIABLE OR RESPONSIBLE FOR STORAGE OR DISPOSITION OF TENANT'S PERSONAL PROPERTY.

24. TENANT'S TELEPHONE NUMBER. Tenant shall within 5 business days of obtaining telephone services at the Premises, send written notice to Landlord of Tenant's telephone numbers at the Premises.

25. ATTORNEY'S FEES. In any lawsuit brought to enforce the Lease or under applicable law, the party who wins may recover its reasonable court costs and attorney's fees from the party who loses.

26. MISCELLANEOUS.

- A. Time is of the essence of the Lease.
- B. The Lease shall be binding upon and for the benefit of the heirs, personal representatives, successors, and permitted assigns of Landlord and Tenant, subject to the requirements specifically mentioned in the Lease. Whenever used, the singular number shall include the plural or singular and the use of any gender shall include all appropriate genders.
- C. The agreements contained in the Lease set forth the complete understanding of the parties and may not be changed or terminated orally.
- D. No agreement to accept surrender of the Premises from Tenant will be valid unless in writing and signed by Landlord.
- E. All questions concerning the meaning, execution, construction, effect, validity, and enforcement of the Lease shall be determined pursuant to the laws of Florida.
- F. A facsimile copy of the Lease and any signatures hereon shall be considered for all purposes originals.
- G. As required by law, Landlord makes the following disclosure: "RADON GAS." Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county health department.

27. BROKERS' COMMISSION. Check and complete if applicable. The brokerage companies named below will be paid the commission set forth in this Paragraph by Landlord Tenant for procuring a tenant for this transaction.

Jack Coden
 Real Estate Licensee

Keller Williams Realty
 Real Estate Brokerage Company

1 month
 Commission

Real Estate Licensee

Real Estate Brokerage Company

Commission

28. EXECUTION.
Executed by Landlord


LANDLORD [Signature] DATE 13 SEPT 2010

LANDLORD [Signature] DATE

Executed by Tenant

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 BRISCELLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL.

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TENANT  DATE 9/13/10

TENANT _____ DATE _____

This form was completed with the assistance of:

Name of Individual: _____



Name of Business: _____

Address: _____

Telephone Number: _____

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

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Landlord () and Tenant () acknowledge receipt of a copy of this page
 PREPARED BY: Jack Coden, Realtor
 RLH17-2, Residential Lease For Single Family Home And Duplex, 10/00, Florida Association of REALTORS®
 Approved for use under rule 10-2.1(a) of The Rules Regulating The Florida Bar
 RealTrac Software, ©2010, Version 8.16. Software Registered to: Jack Coden, Keller Williams Realty



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

29

June 29, 2010

8517 8



AUTO **CO 3833
 1 161597

DONNA E MILO
 1074 NE LITTLE RIVER DR
 MIAMI FL 33138-4229

PLEASE FILL IN TOTAL AMOUNT PAID

\$ _____

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

FPL
 GENERAL MAIL FACILITY
 MIAMI FL 33188-0001



Account Number	Must Be Paid By	Total Amount Past Due
[REDACTED]	JUL 7, 2010	\$227.83

Enclose this coupon when mailing payment or bring entire bill when paying in person.

Account Number	Must Be Paid By	Total Amount Past Due
[REDACTED]	JUL 7, 2010	\$227.83

1074 NE LITTLE RIVER DR. According to our records, your account is This notice does not show payments, payment arrangements or assist agency commitments made since the issuance of this notice June 29, 2010.

To Avoid Power Turn Off and Extra Fees, please do the following:

Must Be Paid By	Amount	Note
July 7	\$227.83	Past Due Amount
	\$227.83	Total Amount Past Due

Accounts disconnected for non-payment will be reconnected within 24 hours of payment posting and will incur a \$17.66 reconnect fee.

Ways to Pay

If you have a checking account, you can pay instantly:

- Online; go to www.FPL.com/payment and log in or register to make a payment.
- By phone; Call FPL at (305)442-8770 and choose the option to pay by phone.

If you would like to pay by:

- Mail; remember to allow time for delivery to FPL by the above date(s).
- Cash; just call (305)442-8770 to locate the pay agent nearest to you. A fee may apply.
- Credit/Debit Card; just call Western Union Speedpay at 1-800-979-3967. A fee will apply and your payment will be posted within minutes.

Other Information

- Final notice balances paid with a returned check will result in power turn off without further notice.
- Payments made after the past due date of the regular monthly bill are considered late and may result in your account being billed an adjusted security deposit.

FPL has the right to safe access to its facilities located in your property. Failure or neglect to provide safe access may result in FPL refusing or discontinuing service. Ref: Section 25-8105(f) of the Florida Administrative Code.

FPL is committed to the fair treatment of all customers. If you have questions, call FPL at the number below. If we can't solve your question, you may call the Florida Public Service Commission.

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 CITY CLERK
 CITY OF MIAMI, FL.



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



USEFUL TELEPHONE NUMBERS
 Customer Service: (305)442-8770
 Outside Florida: 1-800-226-3545
 Hearing/Speech Impaired: 711 (Relay Service)



Bill Statement

Customer Name: DONNA E MILO **Service Dates:** 06/24/2011 to 07/25/2011
Service Address: 738 NE 75TH ST **Statement Date:** 07/25/2011
FPL Account Number: [REDACTED] **Next Scheduled Read Date:** 08/24/2011
E-Mail Address: DMDDG@BELLSOUTH.NET

Amount of your last bill	Payments (-)	Additional Activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (-)	New charges due by
402.06	402.06CR	0.00	0.00	372.72	\$372.72	Aug 15 2011

Amount of your last bill 402.06
 Payment received - Thank you 402.06CR
 Balance before new charges \$0.00

New charges (Rate: RS-1 RESIDENTIAL SERVICE)
 Electric service amount 322.54**
 On call credit 4.50CR
 Storm charge 3.71
 Gross receipts tax 8.25
 Franchise charge 19.80
 Utility tax 22.92
 Total new charges \$372.72

Total amount you owe \$372.72

-Payment received after August 15, 2011 is considered LATE; a late payment charge of 1.50% will apply and your account may be subject to an adjusted deposit billing.

Meter reading - meter ACD1710
 Current reading 32563
 Previous reading -29421

 kWh used 3142

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 CITY CLERK
 CITY OF MIAMI, FL.



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

2 157581

27

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

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

B 8 8517 3

DONNA E MILO
 738 NE 75TH ST
 MIAMI FL 33138-5238

*paid
 4/5/11*

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

FPL
 GENERAL MAIL FACILITY
 MIAMI FL 33188-0001

Account number	Total amount you owe	New charges due by	Amount enclosed
[REDACTED]	\$141.99	Nov 18 2010	\$ 203.82

Your electric statement

For: Sep 28 2010 to Oct 22 2010 (24 days)

Customer name: DONNA E MILO
 Service address: 738 NE 75TH ST

Account number: [REDACTED]

Statement date: Oct 28 2010
 Next meter reading: Nov 22 2010

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
0.00	608.88 CR	611.66	2.78	139.21	\$141.99	Nov 18 2010

Meter reading - Meter ACD1710

Current reading 09270
 Previous reading - 08091
 kWh used 1179
 Energy usage
 kWh this month 1179
 Service days 24
 kWh per day 49

Payment received - Thank you	608.88 CR
Additional activity:	
Deposit balance due	594.00
Reconnection charge	17.66
Balance before new charges	\$2.78
New charges (Rate: RS-1 RESIDENTIAL SERVICE)	
Electric service amount	109.17
On call credit	3.15CR
Storm charge	1.45
Gross receipts tax	2.78
Franchise charge	6.39
Utility tax	7.71
Service charge	14.38
Total new charges	\$139.21

Total amount you owe \$141.99

- Thank you for enrolling in the FPL E-Mail Bill program. Now that you are participating, THIS WILL BE THE LAST PAPER BILL YOU RECEIVE FROM FPL. You will be notified of future bills by e-mail.
- Payment received after **November 18, 2010** is considered LATE; a late payment charge of 1.50% will apply and your account may be subject to an adjusted deposit billing.
- This billing period is less than a month; bill factors are available upon request.
- An adjustment to the storm charge will decrease your next bill slightly, by less than one percent. To learn more, visit www.FPL.com/rates or call the customer service telephone number printed on your bill.
- Your On Call Credit has been prorated, either as a result of low monthly consumption or because the billing period is not a full month.
- The Service/Initial Charge is a one-time charge to defray administrative costs required to start your electric service or to make a change to your account at your request.

Please have your account number ready when contacting FPL.
 Customer service: (305) 442-8770
 Outside Florida: 1-800-226-3545
 To report power outages: 1-800-4OUTAGE (468-8243)
 Hearing/speech impaired: 711 (Relay Service)

*\$203.82
 4/14/11*

Pending

\$25.32 → 11/marzo



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

STIN ARPS PROPERTY SYSTEM - STREET INQUIRY (13)

STREET ID: 104660 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--
1050 - 1098 NE LITTLE RIVER DR 0 EVEN

FACE: N PRIMARY ZONE: EMPOWERMENT ZONE: N
ZIP CODE: 331380000 SD1 ZONE: LATIN QUATERS: N
CENSUS TRACT: 1301 SD2 ZONE: VOTING DISTRICT: 02
CENSUS BLOCK: 0213 DDRI ZONE: N
FIRE 901 ZONE: 1444 SEOPWDRI ZONE: N
FIRE SFBC ZONE: 3A HIST PRESVN DIST: N
NBHD CODE: 01 SCENIC CORRIDOR: N
SUB NBHD CODE: 07 PEDESTRIAN PATHWAY: N
SOLID WASTE ROUTE: 101 OMNI TAX DISTRICT: N
TRASH ROUTE: 11 DDA DISTRICT: N
STREET CLEAN ROUTE: 000 CD TARGET AREA: 00

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

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CITY OF MIAMI, FL.

STIN ARPS PROPERTY SYSTEM - STREET INQUIRY (13)


STREET ID: 089310 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--
0700 - 0748 NE 75 ST 0 EVEN

FACE: N PRIMARY ZONE: EMPOWERMENT ZONE: N
ZIP CODE: 331385238 SD1 ZONE: LATIN QUATERS: N
CENSUS TRACT: 1302 SD2 ZONE: VOTING DISTRICT: 02
CENSUS BLOCK: 1017 DDRI ZONE: N
FIRE 901 ZONE: 1201 SEOPWDRI ZONE: N
FIRE SFBC ZONE: 3A HIST PRESVN DIST: N
NBHD CODE: 01 SCENIC CORRIDOR: N
SUB NBHD CODE: 05 PEDESTRIAN PATHWAY: N
SOLID WASTE ROUTE: 101 OMNI TAX DISTRICT: N
TRASH ROUTE: 00 DDA DISTRICT: N
STREET CLEAN ROUTE: 000 CD TARGET AREA: 00

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

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CITY CLERK
CITY OF MIAMI, FL.

Florida *The Sunshine State*
DRIVER LICENSE CLASS E
M400-165-61-721-0
 DONNA ELIZABETH MILO
 1074 NE LITTLE RIVER DR
 MIAMI, FL 33138
 DOB: 06-21-1961 SEX: F HGT: 6-00
 ISSUED: 06-08-2008
 EXPIRES: 06-21-2014
 REST: A
 ENGRAVE: 
 ORGAN DONOR X630906161418 SAFE DRIVER
 DUPLICATE: 06-16-2009
 Operation of a motor vehicle constitutes consent to any sobriety test required by law.

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 CITY OF MIAMI, FL.

RESTRICTIONS: A-Corrective Lenses

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-Bystle*
 Electra Theodorides-Bystle
 Sandra C. Lambert *Sandra C. Lambert*
 Director of Driver Licenses
 X630906161416

www.hsmv.state.fl.us



010026550100099

**Donna Elizabeth Milo
Campaign Account**
738 NE 75 Street
Miami, FL 33138

1034

DATE 8/30/11

63-945/660
0

THE ORDER OF CITY OF MIAMI \$ 682.00

SIX HUNDRED EIGHTY TWO & 00/100 DOLLARS

 Security Features. Details on Back.



Continental National Bank of Miami
Main Office
1801 S. W. 1st Street
Miami, Florida 33135

[Handwritten Signature]

3. QUALIFY

⑈001034⑈ ⑆066009456⑆ ⑆ 00099643⑈

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CITY CLERK
CITY OF MIAMI, FL.



City of Miami
OFFICIAL RECEIPT

No. 379024

\$ 682 Sales Tax \$ 0.00 Total \$ 682
Date: 8/30/2011 /100 Dollars

Received from: Donna

Address: 758 NE 75 St. Miami, FL 33138

For: Qualifying Fee Reference No: Check # 1034

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: Devin Dand
Department: City Clerk
Division: Electronics

C FN/TM 402 Rev. 03/03

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

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