

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

11 JAN -7 AM 10:11

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)**

*Kate Mary Callahan*

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

*2111 Tringard Ave  
Coconut Grove, Fl. 33133*

**4. Telephone**

*(305) 860-9226*

**5. E-mail address**

*KCALCA1067@AOL.COM*

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

*City Commissioner - District 2*

**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**

*Nelly Farra*

**11. Mailing Address**

*4875 N. Kendall Dr.*

**12. Telephone**

*(305) 667-1332*

**13. City**

*Miami*

**14. County**

*Miami-Dade*

**15. State**

*Fl*

**16. Zip Code**

*33156*

**17. E-mail address**

*JONEMIA@AOL.COM*

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

**19. Name of Bank**

*Citi Bank*

**20. Address**

*1600 Coral Way*

**21. City**

*Miami*

**22. County**

*Miami-Dade*

**23. State**

*Florida*

**24. Zip Code**

*33145*

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**

*1/7/11*

**26. Signature of Candidate**

*X Kate Callahan*

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

I, *NELLY FARRA*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*1/7/11*  
Date

*X Nelly Farra*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

I, KATE CALLAHAN,

candidate for the office of City Commissioner - District 2;

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

Florida Statutes.

X Kate Callahan  
Signature of Candidate

1/7/11  
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).

AFFIDAVIT OF CANDIDATE  
CITY OF MIAMI, FLORIDA

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2011 SEP -7 AM 10:15

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

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

Kate Callahan (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Kate Callahan.
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. 546.

I presently reside at the following address (must include zip code):  
2111 Tegretal Ave, Miami, Fl 33133,  
which is my legal address, and I have resided continually at said address from the 14 day of August 1993 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>	<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:

N/A

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

2111 Tegretal Ave, Miami, Fl. 33133

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:

The Huntington Consulting Group  
2111 Tegler Ave. Miami, Fl. 33133

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CITY CLERK  
CITY OF MIAMI, FL.

10. Affiant's occupation: Consultant

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

15 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.

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:

2111 Tropical Ave. Miami, Fl. 33133

Affiant's campaign treasurer's name:

Kelly Fara

\*Affiant's campaign treasurer's address:

4875 No. Kendall Dr. Miami, Fl. 33156

Telephone numbers: (work) \_\_\_\_\_

(home) (305) 667-8332

\*[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:

KATE CALLAHAN

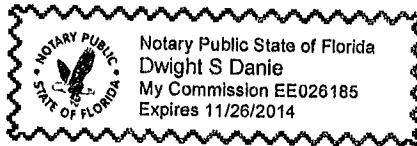
SIGNED THIS 7 DAY OF September 2011

Kate Callahan  
AFFIANT

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

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

(SEAL)



\_\_\_\_\_ Did take an oath

Produced identification

Type of identification produced: Driver's License C450-513-52-544-0

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

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**FINANCIAL INTERESTS**

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

RECEIVED

LAST NAME -- FIRST NAME -- MIDDLE NAME :

CALLAHAN, KATE MARY

MAILING ADDRESS :

2111 Tigertrail Ave

Miami, Fl. 33133 Miami-Dade

CITY: ZIP: COUNTY:

City of Miami

NAME OF AGENCY :

District - 2 City Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City of Miami

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: SEP -7 AM 10:15

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

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 (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
The Huntington Learning Corp	2111 Tigertrail Ave, Miami Fl. 33133	Health Care Consulting

**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
Peter M Benjamin and Kate Callahan Community Property	2111 Tigertrail Ave Miami, FL 33133

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 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
N/A	

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

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

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

SIGNATURE (required):

*Kate Callahan*

DATE SIGNED (required):

9/7/11

**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.

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CITY CLERK  
OFFICE USE ONLY  
CITY OF MIAMI, FL.

**LOYALTY OATH**

(Sections 876.05-876.10, Florida Statutes)

**CANDIDATE WITH NO PARTY AFFILIATION**

I, <u>Kate</u>	<u>Mary</u>	<u>Callahan</u>
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, KATE CALLAHAN  
(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 Commissioner, 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.

Kate Callahan (305) 860-9226 KCALLA1067@Acc.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):

KATE CALLAHAN

STATE OF FLORIDA

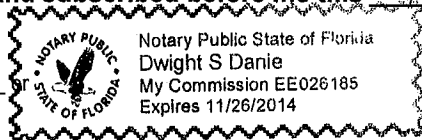
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 7 day of September, 2011.

Personally Known: \_\_\_\_\_

Produced Identification:  \_\_\_\_\_

Type of Identification Produced: Driver's License  
C450-513-52-544-0



D. Danie  
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)

I, Kate JA Callahan  
First Name Middle Initial Last Name

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

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.

Kate A Callahan  
Signature of Candidate

OATH OF CANDIDATE

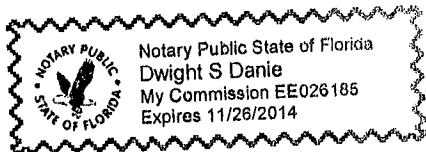
OFFICE OF CITY OF MIAMI COMMISSIONER

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

KATE CALLAHAN

(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 7; 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.



Kate Callahan  
Signature of Candidate

2111 Tropical Ave  
Address

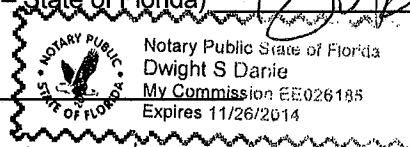
Miami, Fl. 33133  
City State ZIP Code

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

and subscribe before me this 7 day of September, 2011.

(Signature of Officer Administering the Oath, or of designated Notary Public – State of Florida) D S Danie

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



Personally Known OR Produced Identification Type of Identification Produced Dwight Danie  
C 450-513-52-544-0



**Voter Information Card**  
 Miami-Dade County, FL  
 Tarjeta de información del elector  
 Condado de Miami-Dade, FL  
 Kai Entomasyon Votè  
 Konte Miami-Dade, FL  
 ISSUED  
 ENMIENDA  
 07/20/06

**Bring photo identification when voting.**  
 Para votar, presente una identificación con fotografía.  
 Tanpri pote yon pyès idantifikasyon ki gen foto w' sou li lè w'ap vin votè.

**Registration No.**  
 Núm. de inscripción  
 109468646

**Identification Data**  
 Datos de identificación  
 Ento. Idantifikasyon  
 02/04/52

**Precinct No.**  
 Núm. del recinto  
 546


**Registration Date**  
 Fecha de inscripción  
 Dat Enskripsyon  
 09/24/93

**Party Affiliation**  
 Afiación partidista  
 Pati Politik  
 DEM

**Polling Place** | Centro de votación | Lokal Bivw Vot  
 MIAMI CITY HALL  
 3500 PAN AMERICAN DR

**Supervisor of Elections** | Supervisor de Elecciones | Siprevizè Eleksyon  
 Lester Sola

You are eligible to vote for the representatives from the districts listed below. L'èl pwenke votè pou lès repesentativs pou lès distri ki dekri anba la yo. W'elilb pou w'vote pou reprezantan ki nan distri ki dekri anba la yo.

<b>Congress</b> Congreso Kongrè 018	<b>State Senate</b> Senado Estatal Sena Eta a 039	<b>State House</b> Cámara Estatal Lacham Eta a 113
<b>County Commission</b> Comisión del Condado Komisyón Konte 07	<b>School Board</b> Junta Escolar Asamble Edikasyon 06	<b>Community Council</b> Consejo Comunitario Konsey Komünite
<b>Municipal</b>   Municipal   Minisipal M102		

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 CITY CLERK  
 CITY OF MIAMI, FL.

**Miami-Dade Elections Department**  
 Departamento de Elecciones de Miami-Dade  
 Departman Eleksyon Miami-Dade  
 2700 NW 87 Avenue • Miami, FL 33172  
 (305) 499-VOTE (8683)

- **Address Change Within Miami-Dade County**  
 Please contact us by:  
 phone | 305-499-VOTE (8683)  
 fax | 305-499-8547  
 e-mail | register@miamidade.gov
- **To change your:**  
**Address Outside Miami-Dade County or Political Party or Signature Update**  
 Requires completion of a voter registration form available at <http://elections.miamidade.gov>

• **Cambio de dirección dentro del Condado de Miami-Dade**  
 Por favor, comuníquese con nosotros por:  
 teléfono | 305-499-VOTE (8683)  
 fax | 305-499-8547  
 correo electrónico | register@miamidade.gov

• **Para cambiar su:**  
**Dirección fuera del Condado de Miami-Dade o su partido político o actualizar su firma**  
 Es necesario rellenar un formulario de inscripción electoral disponible en <http://elections.miamidade.gov>

• **Chanjman Adrès lè Nan Konte Miami-Dade**  
 Tanpri kontakte nou pa:  
 telefon | 305-499-VOTE (8683)  
 faks | 305-499-8547  
 imel | register@miamidade.gov

• **Pou w fè chanjman:**  
**Lè Andeyò Konte Miami-Dade oswa Pati Politik oswa Mete Siyati Ajou**  
 Egzije ke w ranpli yon fom enskripsyon votè ki disponib nan <http://elections.miamidade.gov>

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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, Kate Callahan candidate for City of Miami Commissioner, District 2, do hereby swear, that I reside at 3111 Teglerland Ave. Miami, FL 33133 and I have resided at this address for well over the 1-year qualifying requirements for residency in the District.

SIGNED THIS 7 DAY OF September 2011.

Kate Callahan

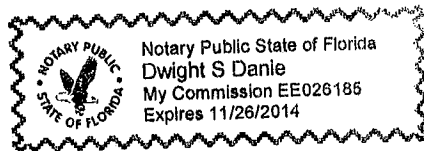
AFFIANT

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

Dwight S. Danie

Signature of Notary Public - State of Florida

(SEAL)



Did take an oath  
 Produced identification

Type of identification produced: Driver License C 450-513-52-544-0

STIN ARPS PROPERTY SYSTEM - STREET INQUIRY (13)

STREET ID: 108651 IN USE: YES

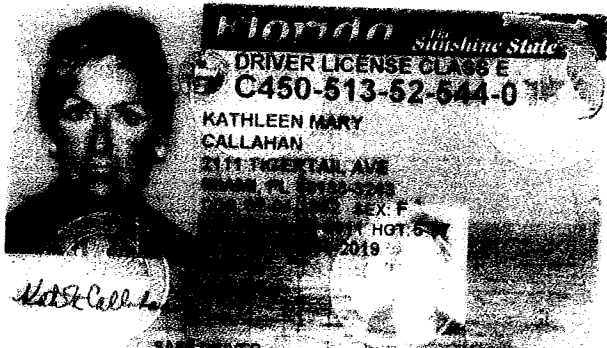
--HOUSE RANGE-- QUAD NAME TYPE --SIDE--  
2101 - 2149 TIGER TAIL AV 1 ODD

FACE: W PRIMARY ZONE: EMPOWERMENT ZONE: N  
ZIP CODE: 331330000 SD1 ZONE: LATIN QUATERS: N  
CENSUS TRACT: 6800 SD2 ZONE: VOTING DISTRICT: 02  
CENSUS BLOCK: 3020 DDRI ZONE: N  
FIRE 901 ZONE: 0482 SEOPWDRI ZONE: N  
FIRE SFBC ZONE: 3A HIST PRESVN DIST: N  
NBHD CODE: 11 SCENIC CORRIDOR: N  
SUB NBHD CODE: 02 PEDESTRIAN PATHWAY: N  
SOLID WASTE ROUTE: 219 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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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.



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

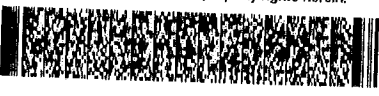
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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

RESTRICTIONS: 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 *Julie Jones*  
Julie Jones  
Sandra C. Lambert *Sandra C. Lambert*  
Director of Driver Licenses  
S071102030388  
Rev Date 06-31-09

[www.flhsmv.gov](http://www.flhsmv.gov)



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CITY CLERK  
CITY OF MIAMI, FL.

1065

CAMPAIGN TO ELECT  
KATE CALLAHAN

PH. 305-667-8332  
4875 N KENDALE DR.  
MIAMI, FL 33156

DATE Aug. 30, 2011

63-8655  
2660 43

PAY TO THE ORDER OF

*CITY OF MIAMI*

SIX HUNDRED AND EIGHTY TWO AND 00/100 DOLLARS

\$ 682.00

Security Features  
Change on Back

**citibank**

CITIBANK, N.A. BR. #43  
1800 CPAS 145  
MIAMI, FL 33145

FOR

⑈001065⑈ ⑆266086554⑆

9118153161⑈

*Nely J. De*

MP

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CITY CLERK  
CITY OF MIAMI, FL.



City of Miami  
OFFICIAL RECEIPT

No. 387059

\$ 682<sup>00</sup>

Sales Tax \$

Total \$ 682<sup>00</sup>

Date: 9 | 7 | 11

/100 Dollars

Received from:

City of Miami  
Katie Callahan

Address:

4575 N. Kendall Dr.

For:

Car Wash Quality Fee

Reference No.

Check # 1005

By:

Dwight Davis

Department:

City Clerk

Division:

Electrons

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.

C FN/TM 402 Rev. 03/03

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

**AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT**

I, Kathleen Mary Callahan, a candidate for the office of District 2 City Commissioner do hereby certify, pursuant to Florida Statutes 99.0955 that I have been generally known by, or have used as part of my legal name, the adopted nickname Kate Callahan.

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

RECEIVED  
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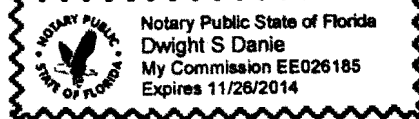
Kate Callahan  
Signature of Affiant

2111 Tiger Tail Ave  
Miami, Fl. 33133  
Address of Affiant

Sworn to (or affirmed) and subscribed before me this 7 day of September, 2011

DSP Danie  
Signature of Notary Public - State of Florida

Print Type or Stamp Commissioned Name of Notary Public



Personally Known \_\_\_\_\_ or Produced Identification

Type of Identification Produced: Drivers License  
C 450-513-52-544-0