

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY
RECEIVED

2010 APR -7 PM 2:07

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, Marc David Sarnoff,
candidate for the office of City of Miami Commissioner-District 2 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate



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).

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY
RECEIVED

2010 MAY -7 AM 11:40

RISCILLA P. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

1. CHECK APPROPRIATE BOX:
 Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last) Marc Sarnoff		3. Address (include post office box or street, city, state, zip code) 3000 Shipping Avenue Miami, Florida 33133
4. Telephone (optional) (305) 4415966	5. E-mail address (optional) info@marcsarnoff.com	

6. Office sought (include district, circuit, group number) Commissioner-District 2	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> 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
Teresa Sarnoff

11. Mailing Address (If post office box or drawer, also include street address) 3000 Shipping Avenue	12. Telephone (305) 441-5966
--	--

13. City Miami	14. County Miami-Dade	15. State FL.	16. Zip Code 33133	17. E-mail address (optional) info@marcsarnoff.com
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18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank Biscayne Bank	20. Street Address 3121 Commodore Plaza, Third Floor
--	--

21. City Miami	22. County Miami-Dade	23. State Florida	24. Zip Code 33133
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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 5-4-10	26. Signature of Candidate X [Signature]
---------------------------	--

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

designated above as: Campaign Treasurer Deputy Treasurer.
5-4-10 **X [Signature]**
 Date Signature of Campaign Treasurer or Deputy Treasurer

STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE)	OFFICE USE ONLY RECEIVED 2010 APR -7 PM 2:07 PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI, FL
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1. CHECK APPROPRIATE BOX:
 Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last) Marc David Sarnoff	3. Address (include post office box or street, city, state, zip code) 3000 Shipping Avenue Miami, Florida 33133
--	---

4. Telephone (optional) (305) 441-5966	5. E-mail address (optional) info@marcsarnoff.com
---	---

6. Office sought (include district, circuit, group number) City of Miami Commissioner-District 2	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> 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 ~~Democratic~~ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer
Edward Strongin

11. Mailing Address (If post office box or drawer, also include street address) 3225 Aviation Avenue, Suite 500	12. Telephone (305) 858-5800
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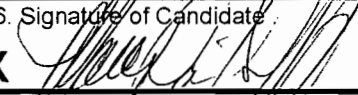
13. City Miami	14. County Miami-Dade	15. State FL.	16. Zip Code 33133	17. E-mail address (optional) estrongin@psms-cpa.com
--------------------------	---------------------------------	-------------------------	------------------------------	--

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

19. Name of Bank Biscayne Bank	20. Street Address 3121 Commodore Plaza, Third Floor
--	--

21. City Miami	22. County Miami-Dade	23. State Florida	24. Zip Code 33133
--------------------------	---------------------------------	-----------------------------	------------------------------

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 4/7/10	26. Signature of Candidate <input checked="" type="checkbox"/> 
---------------------------	--

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

designated above as: Campaign Treasurer Deputy Treasurer

<u>4/5/10</u> Date	<input checked="" type="checkbox"/>  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)

RECEIVED

2011 SEP -6 PM 1:30

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)

Marc David Sarnoff

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

201 South Biscayne Boulevard, Suite 915
Miami, FL 33131

4. Telephone

(305) 441-5966

5. E-mail address

info@marcsarnoff.com

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

City of Miami 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

Edward Strongin

11. Mailing Address

1001 Brickell Bay Drive, Suite 1400

12. Telephone

(305) 371-6200

13. City

Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33131

17. E-mail address

estrongin@mallahfurman.com

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

19. Name of Bank

Biscayne Bank

20. Address

3121 Commodore Plaza, Third Floor

21. City

Miami

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33133

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

25. Date

8/24/11

26. Signature of Candidate

[Handwritten Signature]

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

I, Edward Strongin, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8/24/11

Date

[Handwritten Signature]

Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

AFFIDAVIT OF CANDIDATE

2011 SEP -6 PM 1:58

CITY OF MIAMI, FLORIDA

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

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

Y,!" Marc David Sarnoff (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Marc David Sarnoff.
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. 583.

I presently reside at the following address (must include zip code):
3100 Virginia Street, Coconut Grove, Fla. 33133,
which is my legal address, and I have resided continually at said address from the 6th day of June 1998 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:

N/A

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

3100 Virginia Street, Coconut Grove, Fla. 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:

Marc David Sarnoff, P.A., Ste 915, 201 S. Biscayne Blvd., Miami FL 33131

City of Miami, 3500 Pan American Drive, Coconut Grove, FL. 33133

10. Affiant's occupation: Attorney at Law / Commissioner

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

Attorney-24 years, Commissioner 5 years

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

(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:

201 S. Biscayne Blvd., Ste. 915, Miami, FL. 33131 786-295-3159

Affiant's campaign treasurer's name:

Edward Strongin

*Affiant's campaign treasurer's address:

1001 Brickell Bay Dr., Ste. 1400, MIami, FL. 33131

Telephone numbers: (work) 305-371-6200

(home) 305-790-7783

*[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:

Marc Sarnoff

SIGNED THIS 6th DAY OF September, 2011.


AFFILIANT

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


CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)

_____ Did take an oath

Produced identification

Type of identification produced: DL 5G51-544-59-468-0

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2011 SEP -6 PM 1:59
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

FORM 1 STATEMENT OF

FINANCIAL INTERESTS

RECEIVED

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Sarnoff Marc David

MAILING ADDRESS :
3500 Pan American Drive

CITY: Miami ZIP: 33133 COUNTY: Miami-Dade

NAME OF AGENCY :
City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
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

FOR OFFICIAL USE ONLY:
2011 SEP -6 PM 1:59
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
Marc David Sarnoff, P.A.	Ste. 915 201 S. Biscayne Blvd Miami	Law Firm
City of Miami	3500 Pan American Dr., Miami FL	Commissioner
Morgan Stanley Smith Barney	Miami Beach, FL	Stocks, Bonds, Investments

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
Marc David Sarnoff, P.A.	Sarnoff & Bayer	Ste. 915, 201 S. Biscayne Blvd., Miami, FL	Law Firm

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

3100 Virginia Street, Miami, Fl.

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")

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 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI FL.

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Personal Investments, Securities	Morgan Stanley Smith Barney
Stocks and Bonds	
Common Stock	Marc David Sarnoff, P.A.

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America	P.O.Box 650070, Dallas, Texas 75265
Citibank	St.Louis, Missouri 63179-0110
HSBC, N.A.	Carol Stream, Illinois 60197
Mercedes Benz Financial	P.O. Box 685 Roanoke, Texas 76262

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
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):

6-30-11

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 Macley 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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2011 SEP -6 PM 1:59

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

Statement of Financial Interests 2010
Sarnoff, Marc: City of Miami Commissioner D-2

Part E-Liabilities (Continued)
BMW Financial Services P.O. Box 78066, Phoenix, AZ. 85062

LOYALTY OATH
 (Sections 876.05-876.10, Florida Statutes)
CANDIDATE WITH NO PARTY AFFILIATION

RECEIVED

2011 SEP -6 PM 1:59

PRISCILLA A. THOMPSON
 CITY CLERK OFFICE USE ONLY
 CITY OF MIAMI, FL.

I, MARC	DAVIDD	SARNOFF
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, Marc Sarnoff
 (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 Commissioner, 2,
 (office) (district #)
N/A, N/A; I am a qualified elector of Miami-Dade County, Florida;
 (circuit #) (group or seat #)

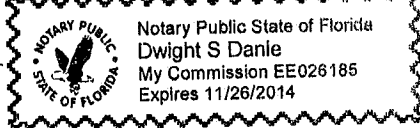
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office 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 [Signature] (305)441-5966 info@marcsarnoff.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):
MAHRC SAHRNUHF

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 6 day of September, 2011.

Personally Known: _____ or 
 Produced Identification:

[Signature]
 Signature of Notary Public
 Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: DL S651-544-59-468-0

LOYALTY OATH

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

RECEIVED
2011 SEP -6 PM 1:59
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

I, MARC DAVID SARNOFF
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.

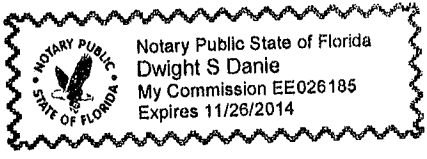
Signature of Candidate

OATH OF CANDIDATE
OFFICE OF CITY OF MIAMI COMMISSIONER

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

MARC SARNOFF SARNOFF
(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 ss. 876.05 - 876.10, Florida Statutes; that he/she has qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; and that he/she has resigned or taken a leave of absence from any office from which he/she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.



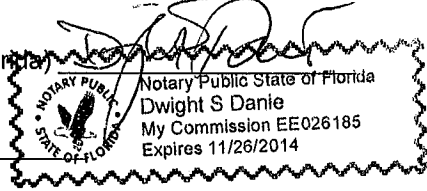
Signature of Candidate
3100 Virginia St.
Address
Miami, FL. 33133
City State ZIP Code

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

and subscribe before me this 6 day of September, 2011.

(Signature of Officer Administering the Oath, or of designated Notary Public - State of Florida)

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



Personally Known OR Produced Identification Type of Identification Produced DL-5651-544-4680

STIN ARPS PROPERTY SYSTEM - STREET INQUIRY (13)

STREET ID: 109280 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--
3100 - 3122 VIRGINIA ST 0 EVEN

FACE: N PRIMARY ZONE: EMPOWERMENT ZONE: N
ZIP CODE: 331330000 SD1 ZONE: LATIN QUATERS: N
CENSUS TRACT: 7100 SD2 ZONE: VOTING DISTRICT: 02
CENSUS BLOCK: 3006 DDRI ZONE: N
FIRE 901 ZONE: 0443 SEOPWDRI ZONE: N
FIRE SFBC ZONE: 3A HIST PRESVN DIST: N
NBHD CODE: 11 SCENIC CORRIDOR: N
SUB NBHD CODE: 01 PEDESTRIAN PATHWAY: N
SOLID WASTE ROUTE: 205 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:

RECEIVED
2011 SEP -6 PM 1:59
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.



Florida *The Sunshine State*
DRIVER LICENSE CLASS E
S651-544-59-468-0
MARC D SARNOFF
3000 SHIPPING AVE
MIAMI, FL 33133-0000
 DOB: **12-28-1959** SEX: **M** HGT: **5-11**
 ISSUED: **10-04-2006**
 EXPIRES: **12-28-2012**
 REST:
 ENDORSE:
 DUPLICATE: **08-06-2008**

T010808060124 **SAFE DRIVER** **MOTORCYCLE ALSO**
 Operation of a motor vehicle constitutes consent to any sobriety test required by law.



Voter Information Card
 Miami-Dade County, FL

Carta de Información del elector
 Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
 Konte Miami-Dade, FL

MARC DAVID SARNOFF
3000 SHIPPING AVE
MIAMI FL 33133

ISSUED
 ENPRIME
02/24/06

**Bring photo identification
 when voting.**

*Do a votè, prezante wou
 idantifikasyon ou foto/afè.*

Registration No.
Nim. Enskripsyon

109300075

**Tranpri pote yon pyès idantifikasyon
 ki gen foto w sou li lè w'ap vin vote.**

RECEIVED
2011 SEP -6 PM 1:59
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

Billing Inquiries (hours 8:00 - 4:30 PM) 305-665-7477
 Report any hazardous conditions to 305-274-9272
 Water Conservation Program Information- Call 311

Miami-Dade Water & Sewer Department - Statement Summary

Name: MARC DAVID SARNOFF
 Account Number: [REDACTED]
 Billing Date: 06/08/2010
 Past Due Date: 06/29/10

ACCOUNT SUMMARY
 Previous Balance: \$ 870.08
 Payment Received: \$ -870.08
 Current Charges: \$ 246.05
 Adjustments: \$ 0.00
 Corrections:
 Total Account Balance: \$ 246.05

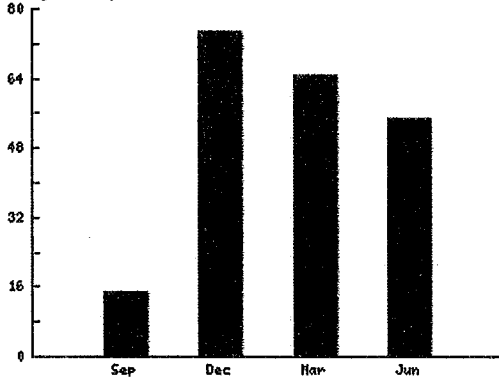
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 CITY CLERK
 CITY OF MIAMI, FL.

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption	Total Usage in Gallons
3/03/10	6/02/10	[REDACTED]	91	367	407	40	29920

Service Address: 3100 VIRGINIA ST, RES

Water Charges

Usage History



Hydrant Charge \$ 2.40
 Water Charges \$ 75.05
 Water Charges Subtotal \$ 77.45

Water Fees and Taxes

Utility Service Fee \$ 5.63
 Excise Tax \$ 7.51
 Water Fees and Taxes Subtotal \$ 13.14

Sewer Charges

Sewer Charges \$ 134.85
 Sewer Charges Subtotal \$ 134.85

Sewer Fees

Utility Service Fee \$ 10.11
 Sewer Fees Subtotal \$ 10.11

Stormwater

Stormwater Subtotal \$ 10.50

MESSAGES

PAY your bill and VIEW your account on-line at www.miamidade.gov/wasd. To PAY by phone, call 1-877-565-9300 to use a checking account or 1-877-729-5590 to use a credit card. use a credit card. Our records indicate this account is enrolled in 'E-PAY'. If you are enrolled with the 'AUTO-DEBIT' option, the bill balance will be automatically deducted from

Billing Inquiries (hours 8:00 - 4:30 PM) 305-665-7477
 Report any hazardous conditions to 305-274-9272
 Water Conservation Program Information- Call 311

Miami-Dade Water & Sewer Department - Statement Summary

Name: MARC DAVID SARNOFF
 Account Number: [REDACTED]
 Billing Date: 09/08/2010
 Past Due Date: 09/29/10

ACCOUNT SUMMARY
 Previous Balance: \$ 246.05
 Payment Received: \$ -267.29
 Current Charges: \$ 125.03
 Adjustments: \$ 21.24
 Corrections:
 Total Account Balance: \$ 125.03

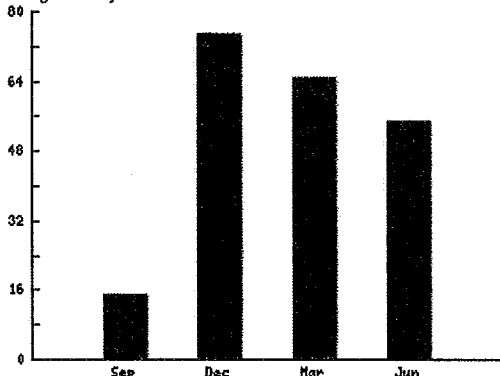
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 CITY CLERK
 CITY OF MIAMI, FL.

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption	Total Usage in Gallons
6/02/10	9/03/10	[REDACTED]	93	407	431	24	17952

Service Address: 3100 VIRGINIA ST, RES

Water Charges

Usage History



Hydrant Charge \$ 2.40
 Water Charges \$ 33.91
 Water Charges Subtotal \$ 36.31
 Adjustments
 Late Payment Fee \$ 7.75

Water Fees and Taxes

Utility Service Fee \$ 2.55
 Excise Tax \$ 3.39
 Water Fees and Taxes Subtotal \$ 5.94

Sewer Charges

Sewer Charges \$ 67.24
 Sewer Charges Subtotal \$ 67.24
 Adjustments
 Late Payment Fee \$ 13.49

Sewer Fees

Utility Service Fee \$ 5.04
 Sewer Fees Subtotal \$ 5.04

Stormwater

Stormwater Subtotal \$ 10.50

MESSAGES

PAY your bill and VIEW your account on-line at www.miamidade.gov/wasd. To PAY by phone, call 1-877-565-9300 to use a checking account or 1-877-729-5590 to use a credit

Billing Inquiries (hours 8:00 - 4:30 PM) 305-665-7477
 Report any hazardous conditions to 305-274-9272
 Water Conservation Program Information- Call 311

Miami-Dade Water & Sewer Department - Statement Summary

Name: MARC DAVID SARNOFF
 Account Number: [REDACTED]
 Billing Date: 06/09/2011
 Past Due Date: 06/30/11

ACCOUNT SUMMARY
 Previous Balance: \$ -160.56
 Payment Received: \$ 0.00
 Current Charges: \$ 211.16
 Adjustments: \$ 0.00
 Corrections:
 Total Account Balance: \$ 211.16

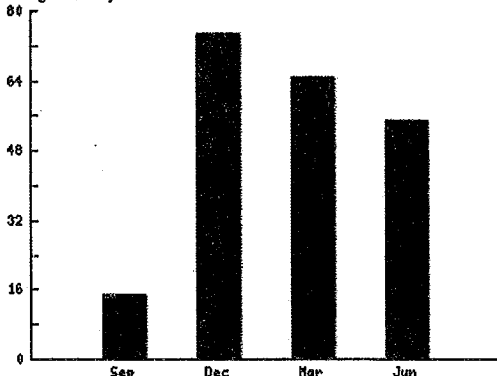
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 CITY CLERK
 CITY OF MIAMI, FL.

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption	Total Usage in Gallons
3/02/11	6/02/11	[REDACTED]	92	488	522	34	25432

Service Address: 3100 VIRGINIA ST, RES

Water Charges

Usage History



Hydrant Charge \$ 2.40
 Water Charges \$ 62.59
 Water Charges Subtotal \$ 64.99
 Utility Service Fee \$ 4.69
 Excise Tax \$ 6.26

Water Fees and Taxes

Water Fees and Taxes Subtotal \$ 10.95

Sewer Charges

Sewer Charges \$ 116.02
 Sewer Charges Subtotal \$ 116.02
 Utility Service Fee \$ 8.70
 Sewer Fees Subtotal \$ 8.70
 Stormwater Subtotal \$ 10.50

MESSAGES

at www.miamidade.gov/wasd. To pay by phone, call 1-877-565-9300 to use a banking account or 1-877-729-5590 to use a credit card. a credit card. On 10/25/2010, the Downtown Office located at 140 W Flagler St closed permanently. Go to www.miamidade.gov/wasd/service_centers.asp for a list of alternate service centers.

- Payment in US funds must be received by Miami-Dade Water & 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.



Florida

DRIVER LICENSE CLASS E
S651 S/A 40.468-0

MARC D SARNOFF
3000 SHIPPING AVE
MIAMI, FL 33133-0000
DOB 12-28-1959 SEX M HGT 5-11
ISSUED 10-04-2006
EXPIRES 12-28-2012
REST.
ENDORSE
CORRECTIVE 08-06-2008

1019608060124 SAFE DRIVER MOTORCYCLE ALSO



Voter Information Card
Miami-Dade County, FL

Kat Enfomasyon Votè
Kontè Miami-Dade, FL

MARC DAVID SARNOFF
3000 SHIPPING AVE
MIAMI FL 33133

ISSUED

11NPRIME

02/24/06

**Bring photo identification
when voting.**

Registration No.

Nim. Enskripsyon

109300075

Trapa, pote you pyès idantifikasyon
ki gen foto w soti li tè w'ap vini vote.

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

MARC SARNOFF CAMPAIGN ACCOUNT

3225 AVIATION AVENUE SUITE 500
MIAMI FL 33143

PAY TO THE ORDER OF

City of Miami

Six hundred eighty two 00/100



BISCAYNE BANK
Regulated by Florida, 351331

FOR DEPOSIT ONLY

1188 M 211 100560157521 1011911911

DATE August 29 2011

\$ 682.00

DOLLARS

[Signature]

1123

634126660

RECEIVED

2011 SEP -6 PM 1:59

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



City of Miami
OFFICIAL RECEIPT

No. 387057

Date: 9 | 6 | 2011

\$ 682⁰⁰ Sales Tax \$ _____ Total \$ 682⁰⁰
Six Hundred Eighty Two and 00/100 /100 Dollars

Received from: Marc Schwartz

Address: 3100 Virginia St Miami FL 33133

For: Candidate Qualifying Reference No: check # 1123

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 Davis

Department: City Clerk

Division: Electrics

C FN/TM 402 Rev. 03/03

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

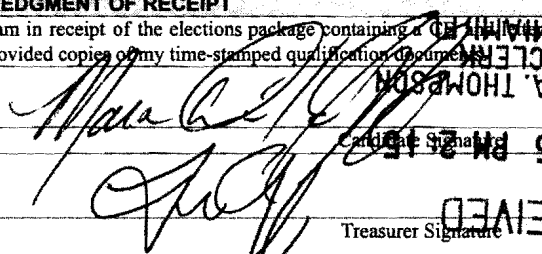
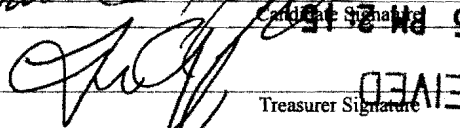
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2011 SEP -6 PM 1:59
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

Candidate Qualification Checklist

QUALIFYING A CANDIDATE		Print Candidate Name
DOCUMENT PRE-CHECK		<i>Marc Sawloff</i>
<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		
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 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 running for Commission seat. Print ARPS. Correct District Number is printed on voter's registration card. Highlight and Verify!	<input 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 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 I have received from the City Clerk and I have been provided copies of my time-stamped qualification documents.	<input checked="" type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Candidate Signature </div> <div style="text-align: right;"> 9/7/11 Date </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Treasurer Signature </div> <div style="text-align: right;"> 9/7/11 Date </div> </div>		