

**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
2011 AUG 25 AM 11:51
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) FRANCIS X SUAREZ		3. Address (include post office box or street, city, state, zip code) 1671 SW 32 PLACE MIAMI, FL 33145	
4. Telephone (305) 263-7700	5. E-mail address FXSUAREZ@AOL.COM		

6. Office sought (include district, circuit, group number)
CITY OF MIAMI COMMISSIONER, DISTRICT 4

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
JOSE A. RIESCO, CPA

11. Mailing Address 95 MERRICK WAY, SUITE 250	12. Telephone (305) 445-0777
--	-----------------------------------

13. City CORAL GABLES	14. County MIAMI-DADE	15. State FL	16. Zip Code 33134	17. E-mail address JOSE@RIESCOANDCOMPANY.C
--------------------------	--------------------------	-----------------	-----------------------	---

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

19. Name of Bank COCONUT GROVE BANK		20. Address 2701 S BAYSHORE DRIVE	
21. City MIAMI	22. County MIAMI-DADE	23. State FL	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
---------------------	--------------------------------

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

I, JOSE A. RIESCO, CPA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8/24/11 Date 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

10 DEC 20 AM 11:21

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)

Suarez, Xavier, Francis

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

1671 SW 32 Place
Miami, FL 33145

4. Telephone

(305) 263-7700

5. E-mail address

fxsuarez@aol.com

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

City of Miami Commissioner, District 4

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

Esteban J. Suarez, Jr.

11. Mailing Address

2701 S. Bayhore Drive, Suite 500, Miami, FL 33133

12. Telephone

(305) 263-7700

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33145

17. E-mail address

stevejsuarez@hotmail.com

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

19. Name of Bank

Coconut Grove Bank

20. Address

2701 S. Bayshore Drive, Miami, FL 33133

21. City

Miami

22. County

Miami-Dade

23. State

FL

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

December 20, 2010

26. Signature of Candidate

X 

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

I, Esteban J. Suarez, Jr., do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

December 20, 2010

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**


(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Francis Xavier Suarez ,
candidate for the office of City of Miami Commissioner District 4 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

December 20, 2010

Date

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

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL
10 DEC 20 AM 11:21

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RECEIVED

AFFIDAVIT OF CANDIDATE

2011 SEP -1 AM 11:46

CITY OF MIAMI, FLORIDA

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

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

Francis Suarez (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Francis Suarez.

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 4 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. 576.

I presently reside at the following address (must include zip code):

1671 SW 32 Place, Miami, FL. 33145,
which is my legal address, and I have resided continually at said address from the 1st day of March, 2007 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>1200 Brickell Bay Dr, Apt. 1606, Miami, FL.</u>	<u>Feb. 8, 2006 - Mar. 1, 2007</u>
<u>33129</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)

1671 S.W. 32 Place, Miami, FL. 33145

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CITY CLERK
CITY OF MIAMI, FL.

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:

Alvarez + Barbara, LLP, of counsel
2701 S. Bayshore Dr., Suite 500, Miami, FL 33133

10. Affiant's occupation: Lawyer (6 credits pending for active status)

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

~ 7 years 09/22/2004 - Present

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

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:

2701 S. Bayshore Dr., Suite 500, Miami, FL 33133 ^{33 f.c.}

Affiant's campaign treasurer's name:

Esteban J. Suarez

*Affiant's campaign treasurer's address:

2701 S. Bayshore Dr., Suite 500, Miami, FL 33133

Telephone numbers: (work) 305-263-7700

(home) 305-992-3342 / 305-609-2522

*[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:

Francis Suarez

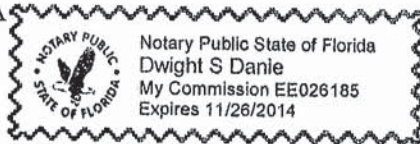
SIGNED THIS 1 DAY OF Aug ^{12. September}, 2011.

[Signature]
AFFIANT

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

[Signature]
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: Driver's License
5620-259-77-366-0

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CITY CLERK
CITY OF MIAMI, FL.

FORM 1

STATEMENT OF

2010

FINANCIAL INTERESTS

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2011 SEP - 1 AM 11:46

CITY CLERK A. THOMPSON

CITY OF MIAMI

ID No.

Conf. Code

P. Req. Code

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JUN 30 PM 1:09

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Suarez Francis Xavier

MAILING ADDRESS :

1671 SW 32nd Place

CITY: ZIP: COUNTY:

Miami, Florida 33145 Miami-Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner District 4

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
Edge Title Company, Inc	2701 S. Bayshore Dr., Suite 500, Miami, FL 33133	Title Company
City of Miami	3500 Pan American Drive, Miami, FL 33133	Manages the City Government

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
Edge Title Company, Inc	Richard Greenfield	1005 Kane Concourse, #205, Bal Harbour, FL 33154	Real Estate
Edge Title Company, Inc	Andy Pelusso	2200 N. Commerce Parkway, Weston, FL 33326	Real Estate
Edge Title Company, Inc	Victor Vergara	9130 S Dadeland BLVD, Miami FL, 33156	Real Estate

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

1671 SW 32nd Place, Miami, FL 33145
120 SW 37th Avenue, Apt. 506, Miami, FL 33134

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

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
JP Morgan Chase Bank, N.A.	4919 Memorial Highway, Suite 308, Tampa, Florida 33634
IBM Lender Business Process Services, Inc.	P.O. Box 4121, Beaverton, Oregon 97076-4121

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	NA	NA	NA
ADDRESS OF BUSINESS ENTITY	NA	NA	NA
PRINCIPAL BUSINESS ACTIVITY	NA	NA	NA
POSITION HELD WITH ENTITY	NA	NA	NA
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NA	NA	NA
NATURE OF MY OWNERSHIP INTEREST	NA	NA	NA

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 PASCILLA A. THOMPSON
 COUNTY CLERK
 COUNTY OF MIAMI, FL.

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

SIGNATURE (required):

John A. ...

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 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.

Commissioner Francis Suarez, District 4

In addition to the position of Commissioner, District 4, I also serve on the following:

- Omni Community Redevelopment Agency
- Southeast Overtown/Park West Community Redevelopment Agency
- Midtown Community Redevelopment Agency
- Miami Sports and Exhibition Authority

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

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH NO PARTY AFFILIATION

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

I,	Francis	X	Suarez
	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, Francis Suarez
(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 Commissioner, 4
(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) 992-3342 fxsuarez@aol.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):

Francis Suarez

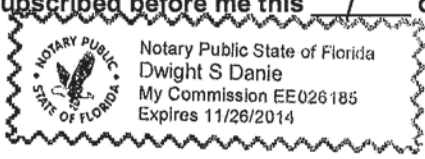
STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 1st 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: Driver's license 5620-259-77-366-0

LOYALTY OATH

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

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

I, Francis X _____
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

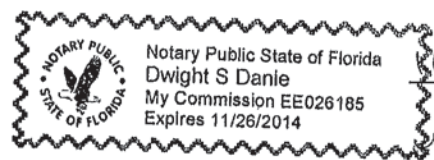
OATH OF CANDIDATE
OFFICE OF CITY OF MIAMI COMMISSIONER

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

Francis Suarez
(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 4; 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



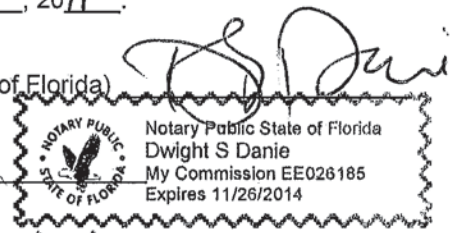
671 SW 32 Place
Address
Miami, FL 33145
City State ZIP Code

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

and subscribe before me this 1st 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 Danier's License
5620-259-77-366-0



Voter Information Card
Miami-Dade County, FL

Kat Enfransiyon Votè
Kontè Miami-Dade, FL

ISSUED

ENFRIME

08/21/07

Registration No.

Nim. Enfransiyon

109578596

Bring photo identification
when voting.

SUAREZ, FRANCIS XAVIER
1671 SW 32ND PL
MIAMI FL 33145

Tantpri pote yon gwe idantifikasyon
ki gen foto w sou li la w ap votè.

Precinct No.

Mim. Bwo Votè

576

Identification Data

Enfr. Idantifikasyon

10/06/77

Registration Date

Dat Enfransiyon

02/13/96

Party Affiliation

Parti Politik

REP

Rolling Place | Lokal Bwo Votè
CORAL GATE PARK COMM CTR
1415 SW 32 AVE

Supervisor of Elections | Sipevize Eleksyon
Lester Sola

You are eligible to vote for the representatives from the districts listed below.
W dijiti pou w votè pou repri zanjan ki nan distri ki soti anba la yo.

Congress

State Senate

State House

Kongrè

Sena Eta a

Lachann Eta a

018

036

117

County Commission

School Board

Community Council

Komisyon Kontè

Asanble Edikasyon

Konsej Komitè

07

06

Municipal | Minisipal

MIO4



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

Chanjman Adrès Lè Nan Kontè Miami-Dade

Tanpri kontakte nou pa:

telefon (888) 305-664-505

faks 305-699-8547

imel register@miamidadade.gov

Pou w fè chanjman:

Lè Andeyò Kontè Miami-Dade oswa

Parti Politik oswa Mete Siyati Ajou

Egzije ke w ranpli yon fom enskripsyon votè ki

disponnib nan <http://elections.miamidadade.gov>

Miami-Dade Elections Department

Depatman Eleksyon Miami-Dade

2700 NW 87 Avenue • Miami, FL 33172
(305) 699-664-VOTE (8683)

• Address Change Within Miami-Dade County

Please contact us by:

phone 305-499-VOTE (8683)

fax 305-499-8547

e-mail register@miamidadade.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.miamidadade.gov>

RECEIVED
2011 SEP - 1 AM 11:47
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

My Account Summary

Printed Date: 09/01/2011

Welcome, FRANCIS SUAREZ

Account Number: [REDACTED]
Service Address: 1671 SW 32ND PL

Total Amount Owed * : \$272.65
New Charges Due By Sep 19, 2011
Last Payment \$211.24
Date Received Aug 16, 2011

*This amount may differ from your bill. It reflects any new charges or payments made after your bill was issued and may include previous balances that are past due. Please refer to individual statements for due dates on previous balances.

Account Information

Mailing Address: 1671 SW 32ND PL
MIAMI, FL, 33145
Phone Number: [REDACTED]
Email Address: [REDACTED]
Deposit Amount: \$0.00

Programs Enrolled:

Name	Status
Fpl E-Mail Bill	Enrolled
FPL Automatic Bill Pay	Enrolled
FPL Pay Online	Enrolled
Payment Reminder	Enrolled

EASY 1. Paper-free billing

EASIER 1. Paper-free billing
2. Budget Billing

EASIEST 1. Paper-free billing
2. Budget Billing
3. Auto-pay

Simplify life: Combine billing and payment options by signing up at your account summary page. It's easy and free!

Payment/Credit History

FPL Account Number: XXXXXXXXXX

Date	Amount	Description
08/16/2011	211.24	Payment
07/18/2011	256.49	Payment
06/15/2011	176.45	Payment
05/17/2011	170.53	Payment
04/18/2011	102.31	Payment
03/17/2011	90.78	Payment
02/16/2011	103.57	Payment
01/18/2011	194.46	Payment
12/14/2010	129.79	Payment
11/15/2010	167.84	Payment
10/18/2010	296.99	Payment
09/15/2010	273.10	Payment
08/17/2010	269.67	Payment
07/19/2010	313.03	Payment
06/16/2010	232.47	Payment
05/18/2010	151.18	Payment
04/19/2010	94.32	Payment
03/22/2010	103.54	Payment
02/18/2010	103.92	Payment
01/29/2010	78.74	Fuel Refund
01/19/2010	135.28	Payment
12/14/2009	193.03	Payment
11/16/2009	294.27	Payment
10/15/2009	263.58	Payment
09/15/2009	317.10	Payment
08/17/2009	322.39	Payment

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Billing/Charges History

FPL Account Number: XXXXXXXXXX

Date	Service Days	KWH Used	Debit Amount	Description of charges
08/29/2011	34	2301	272.65	Electric Bill
07/28/2011	28	1811	211.24	Electric Bill
06/28/2011	33	2172	256.49	Electric Bill
05/26/2011	29	1534	176.45	Electric Bill
04/27/2011	29	1491	170.53	Electric Bill
03/29/2011	32	933	102.31	Electric Bill
02/25/2011	29	833	90.78	Electric Bill
01/27/2011	30	960	103.57	Electric Bill
12/28/2010	34	1707	194.46	Electric Bill
11/24/2010	29	1182	129.79	Electric Bill
10/26/2010	29	1490	167.84	Electric Bill
09/27/2010	32	2538	296.99	Electric Bill
08/26/2010	29	2344	273.10	Electric Bill
07/28/2010	30	2332	269.67	Electric Bill
06/28/2010	32	2686	313.03	Electric Bill
05/27/2010	29	2028	232.47	Electric Bill
04/28/2010	29	1363	151.18	Electric Bill
03/30/2010	29	874	94.32	Electric Bill
03/01/2010	31	966	103.54	Electric Bill
01/29/2010	31	1595	182.66	Electric Bill
12/29/2009	35	1076	135.28	Electric Bill
11/24/2009	29	1490	193.03	Electric Bill
10/26/2009	31	2261	294.27	Electric Bill
09/25/2009	30	2038	263.58	Electric Bill

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STIN

ARPS PROPERTY SYSTEM - STREET INQUIRY

(13)

STREET ID: 111113 IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
1651 - 1699	SW 32		PL	1 ODD

FACE:	W	PRIMARY ZONE:		EMPOWERMENT ZONE:	N
ZIP CODE:	331451835	SD1 ZONE:		LATIN QUATERS:	N
CENSUS TRACT:	6302	SD2 ZONE:		VOTING DISTRICT:	04
CENSUS BLOCK:	3002	DDRI ZONE:	N		
FIRE 901 ZONE:	0352	SEOPWDRI ZONE:	N		
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:	N		
NBHD CODE:	10	SCENIC CORRIDOR:	N		
SUB NBHD CODE:	01	PEDESTRIAN PATHWAY:	N		
SOLID WASTE ROUTE:	217	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:	01
ACTION: 1-CONTINUE				XMIT:	

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Florida *The Sunshine State*

**DRIVER LICENSE CLASS E
S620-259-77-366-0**



**FRANCIS XAVIER SUAREZ
1671 S.W. 32 PLACE
MIAMI, FL 33146-1836**

**DOB: 10-06-1977 SEX: M HGT: 5-09
ISSUED: 11-06-2007
EXPIRES: 11-06-2013**

Francis Suarez

**ENDORSEMENTS:
DUPLICATE 987-03-2009**

**ORGAN DONOR
X630907039645**

SAFE DRIVER

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

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CITY OF MIAMI, FL.**

**RESTRICTIONS:
ENDORSEMENTS:**

CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs. or any RV

**REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE.
The State of Florida retains all property rights herein.**

Executive Director *Electra Theodorides-Bystle*
Electra Theodorides-Bystle
Sandra C. Lambert *Sandra Lambert*
Director of Driver Licenses
X630907039645



www.hsmv.state.fl.us



010020070506291

**FRANCIS XAVIER SUAREZ
FOR CITY OF MIAMI COMMISSIONER DISTRICT 4
CAMPAIGN ACCOUNT**

1027

63-460/660
01

Sept. 7, 2011 Date

Pay to the Order of City of Miami \$ 682.00

Six hundred eighty two and 00/100 Dollars



Harland Clark GUARDIAN SAFETY® BLUE

COCONUT GROVE BANK
Main Office
2701 South Bayshore Drive
Coconut Grove, Florida 33133

For Qualifying Fee - Com. D4

MP

⑆066004600⑆ 0100583306⑈ 1027

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CITY OF MIAMI, FL.



City of Miami
OFFICIAL RECEIPT

No. 387051

682 Sales Tax \$ Total \$ 682

Date: 9/1/11

Six Hundred Eighty Two and 00/100 Dollars

Received from: Francis Silanes

Address: 1671 SW 32 Place, Miami FL

For: Candidate Qualifying Fee Reference No: Check # 1027

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.

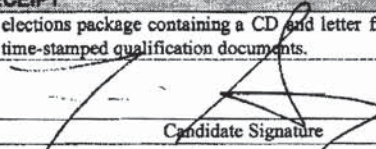
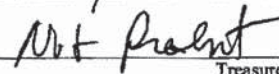
By: [Signature]
Department: City Clerk
Division: Election

FN/TM 402 Rev. 03/03

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

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CITY OF MIAMI, FL.

Candidate Qualification Checklist

QUALIFYING A CANDIDATE		Print Candidate Name
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 (Com-\$682 Mayor; \$1,600 affidavit/certificate)
RECEIVED 2011 SEP 16 10:55 PRISCILLA 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 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 letter from the City Clerk and I have been provided copies of my time-stamped qualification documents.	<input checked="" type="checkbox"/>
 Candidate Signature		9/1/11 Date
 Treasurer Signature		Date