

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED
2013 SEP 21 PM 3:00
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

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

Frank Carollo (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Frank Carollo.

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 3 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. 571.

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

[REDACTED], which is my legal address, and I have resided continually at said address from the 1 day of 12/2006 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

[REDACTED]
[REDACTED]

For the Period

Aug. 2006 - Dec. 2006
July 2003 - Aug. 2006

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)

[REDACTED]

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

[REDACTED ADDRESS]

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:

Morrison, Brown, Argiz & Farra, LLP
1450 Brickell Ave, 18th FL

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CITY OF MIAMI, FL

10. Affiant's occupation: CPA

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

APPROX. 11 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:

P.O. Box 440722, Miami, FL 33144
305-442-7742

Affiant's campaign treasurer's name:

Jose Riesco

*Affiant's campaign treasurer's address:

95 Merrick Way, Coral Gables, FL 33134

Telephone numbers: (work) 305-445-0777
(home) _____

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CITY OF MIAMI, FL

*[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:

Frank Carollo

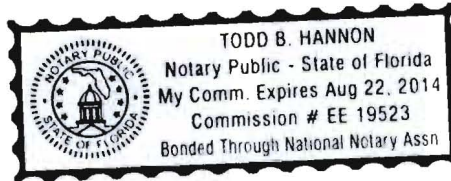
SIGNED THIS 21 DAY OF SEPTEMBER, 2013.

[Signature]
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Frank Carollo, 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: FL Driver's License

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME – FIRST NAME – MIDDLE NAME :
Carollo, Frank

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 :
City of Miami Commissioner, District 3 (see attached for additional)

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

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****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2012 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). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A – PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(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
City of Miami	3500 Pan American Drive	Commissioner
Morrison, Brown, Argiz & Farra, LLC	1450 Brickell Avenue, 18th Floor	Certified Public Accountant
Investment Property	Miami, FL - Fl. Statue Ch. 119.07(3)(i)	Rental Property

PART B – SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, 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	N/A	N/A	N/A

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

Former Law Enforcement Officer	Florida Statue Chapter
Primary Residence, Miami, FL 33145	119.07(3)(i)
Investment Property, Miami, FL 33155	119.07(3)(i)

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.

TOP OFFICER ONLY

FINANCIAL INTERESTS

NAME OF OFFICE OR EMPLOYER (If you are an officer or employee of a government agency, please state the name of the agency.)

LAST NAME - FIRST NAME - MIDDLE NAME
 (Print name)

ADDRESS
 3200 Pan American Drive

CITY
 Miami

ZIP
 33133

CITY
 Miami-Dade

NAME OF AGENCY
 City of Miami

NAME OF OFFICE OR POSITION (If you are an officer or employee of a government agency, please state the name of the agency.)
 City of Miami, Councilmember - District 7 (see attached for additional)

Are you reporting on a basis other than the calendar year? YES NO
 CHECK ONE: CURRENT OR NEW ON-LINE OR PAPER

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING YEAR, WHETHER BASED ON A CALENDAR YEAR OR AN FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING CALENDAR YEAR OR FISCAL YEAR.

CALENDAR YEAR 2012 FISCAL YEAR (SPECIFY FISCAL YEAR OTHER THAN THE CALENDAR YEAR)

EXPLANATION OF CALCULATIONS: REPORTABLE INTERESTS
 ARE LISTED BELOW WITH THE OPTION OF USING REPORTING THRESHOLDS OR NET ASSETS. WHICH
 REPORTING METHOD YOU CHOOSE, ON THIS COMPARATIVE THRESHOLD, WHICH IS USUALLY BASED ON THE GROSS VALUE
 OF THE INTERESTS TO BE REPORTED. CHECK THE ONE YOU ARE USING.

COMPARATIVE THRESHOLD (THRESHOLD OF \$5,000) DOLLAR VALUE THRESHOLD

NOTE - REPORTING THRESHOLDS ARE APPLIED TO EACH REPORTABLE INTEREST. (See instructions for more information.)

NAME OF SOURCE (City or State)	ADDRESS	REPORTING THRESHOLD	DESCRIPTION OF THE SOURCE (Physical Interest Activity)
Northon Brown Agency, Pans LLC	1400 Brickell Avenue, 13011 Ford		Central Public Accountant
Investment Property	Miami, FL - Home (or 12345678)		Real Estate Property

NOTE B - REPORTING THRESHOLD OF \$5,000
 If you have a right to report with "more than one" interest, please check the "more than one" box in the reporting form.

NAME OF BUSINESS ENTITY	HAVE DE MAJOR SOURCE OF BUSINESS INCOME	ADDRESS OF SOURCE	REPORTING THRESHOLD
N/A	N/A	N/A	N/A

INSTRUCTIONS ON WHO MUST FILE THIS FORM AND HOW TO FILE IT
 THE FORM MUST BE FILED WITH THE CITY CLERK
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COPY!

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Bank Accounts	Mercantil Commercebank / BB&T
401K Plan	Merrill Lynch

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase	P.O. Box 24696 Columbus, OH 43224-0696
Chase	P.O. Box 24696 Columbus, OH 43224-0696

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

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

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 CITY OF MIAMI, FL

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

SIGNATURE (required):


DATE SIGNED (required):
06-30-2013

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).

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.

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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

1000

STATE OF FLORIDA - DEPARTMENT OF REVENUE

NAME OF PARTY	DATE OF BIRTH
John Doe	12/31/1980

ADDRESS	CITY	STATE	ZIP
123 Main St	Miami	FL	33101

NAME OF PARTY	DATE OF BIRTH	ADDRESS	CITY	STATE	ZIP
John Doe	12/31/1980	123 Main St	Miami	FL	33101

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE OFFICE OF THE CITY CLERK.

DATE FILED: 05-10-2013

05-10-2013

FILING INSTRUCTIONS

WHAT TO FILE:
 All documents filed with the Clerk of the Court must be filed in accordance with the Florida Rules of Judicial Administration. The Clerk of the Court is not responsible for the accuracy of the information provided on this form. The Clerk of the Court is not responsible for the accuracy of the information provided on this form. The Clerk of the Court is not responsible for the accuracy of the information provided on this form.

WHERE TO FILE:
 Documents should be filed with the Clerk of the Court at the Office of the City Clerk, 1000 Biscayne Blvd, Miami, FL 33132. Documents should be filed with the Clerk of the Court at the Office of the City Clerk, 1000 Biscayne Blvd, Miami, FL 33132. Documents should be filed with the Clerk of the Court at the Office of the City Clerk, 1000 Biscayne Blvd, Miami, FL 33132.

OFFICE OF THE CITY CLERK
 1000 BISCAYNE BLVD
 MIAMI, FL 33132
 (305) 575-1000
 www.miamifl.gov

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Statement of Financial Interests

FORM 1 (CONT.)

Name of Office or Position held or sought: CONT.

**Bayfront Park Management Trust, Midtown Community Redevelopment Agency, Omni
Community Redevelopment Agency, Southeast Overtown/Park West Community
Redevelopment Agency, Miami River Commission**

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**CANDIDATE OATH -
CANDIDATE WITH NO PARTY AFFILIATION**

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CITY OF MIAMI, FL
OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Frank Carollo
(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, 3
(office) (district #)
Miami-Dade County, Florida;
(circuit #) (group or seat #)
I am a qualified elector of _____ County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X

[Handwritten Signature]

(305)442-7742

Signature of Candidate

Telephone Number

Email Address

Address

City

State

Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109314368

* 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):

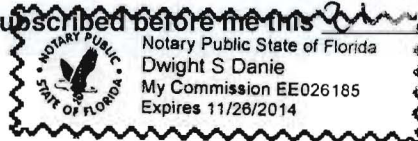
Frank Ca-ro-lo

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 21st day of September, 2013.

Personally Known: or



[Handwritten Signature]
Signature of Notary Public

Produced Identification: _____

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: Driver's License

LOYALTY OATH

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

I, FRANK X. CAROLLO
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.

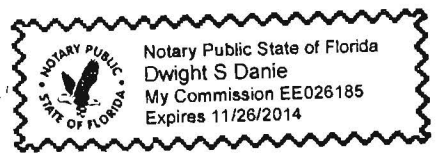
[Handwritten Signature]
Signature of Candidate

OATH OF CANDIDATE
OFFICE OF CITY OF MIAMI COMMISSIONER

Before me, an officer authorized to administer oaths, personally appeared
FRANK CAROLLO
(Please print name as you wish it to appear on ballot)

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CITY OF MIAMI, FL

who being sworn, says, he/she is a candidate for the office of City of Miami Commissioner, District 3; 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.



[Handwritten Signature]
Signature of Candidate
[Redacted]

City State ZIP Code

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

and subscribe before me this 21 day of September, 2013.

(Signature of Officer Administering the Oath, or of designated Notary Public – State of Florida) *[Signature]*

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

Personally Known OR Produced Identification Type of Identification Produced Driver

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OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT

I, FRANCIS CAROLLO, a candidate for the office of CITY OF MIAMI COMMISSIONER, D.3 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 FRANK CAROLLO.

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

[Signature]
Signature of Affiant

[Redacted]
Address of Affiant

Sworn to (or affirmed) and subscribed before me this 21 day of September, 2013

[Signature]
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public
Notary Public State of Florida
Dwight S Danie
My Commission Expires 11/26/2014

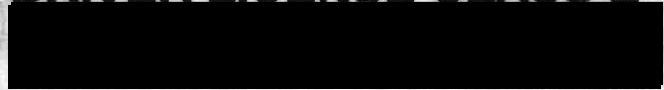
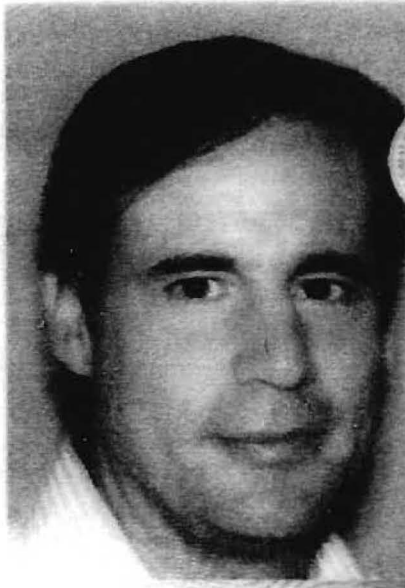
Personally Known or Produced Identification

Type of Identification Produced: Danie's Log

NOTARY PUBLIC
STATE OF FLORIDA
Notary Public State of Florida
Dwight S Danie
My Commission EE026185
Expires 11/26/2014

Florida The Sunshine State

DRIVER LICENSE CLASS E

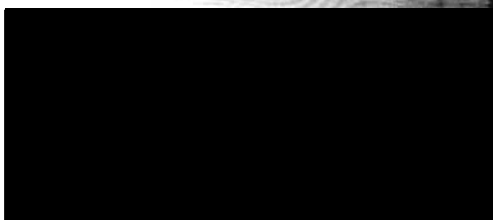


**FRANCIS XAVIER
CAROLLO**



DOB: 03-16-1970 SEX: M
ISSUED: 09-17-2009 HGT: 5-07
EXPIRES: 03-16-2018

REST:
ENDORSE:



DRIVER

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

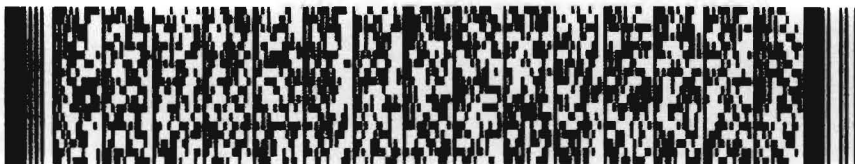
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RESTRICTIONS.

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-Bustle*
Electra Theodorides-Bustle
Sandra C. Lambert *Sandra C. Lambert*
Director of Driver Licenses
S070909170251
Rev Date 08-31-09

www.flhsmv.gov



0100262532809147

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 OFFICE OF THE CITY CLERK
 CITY OF MIAMI, FL

Keep your registration current;
 update your signature every 4 years.

Mantenga su inscripción al día;
 actualice su firma cada 4 años.

Kenbe enskripsyon w ajou;
 mete siyati w ajou chak 4 an.

Please check all information for accuracy.

Sírvase verificar la corrección de todos los datos.

Tanpri verifiye ke tout enfòmasyon yo kòrèk.

Detach here Desprenda por aquí Detache la a



Voter Information Card
 Miami-Dade County, FL

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

Kat Enfòmasyon Votè
 Konte Miami-Dade, FL

ISSUED
 EMITIDA
 ENPRIME

Francis X Carollo

Bring photo identification when voting.

Para votar, presente una identificación con fotografía.

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

08/27/13
 Registration No.
 Núm. de inscripción
 Nim. Enskripsyon

109314368

Voting Location | Ubicación de la votación | Lokal Biwo Vòt

El Cordero Presbyterian Church
 2091 SW 14 Ave

Precinct No.
 Núm. del recinto
 Nim. Biwo Vòt

571

Date of Birth
 Fecha de Nacimiento
 Dat Nesans

3/16/1970

Registration Date
 Fecha de inscripción
 Dat Enskripsyon

6/2/1988

Party Affiliation | Afiliación partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
 Ud. puede votar por los representantes de los distritos enumerados abajo.
 W'elijib pou w vote pou reprezantan ki nan distri ki ekri anba la yo.

Congress
 Congreso
 Kongrè

27

State Senate
 Senado Estatal
 Sena Eta a

40

State House
 Cámara Estatal
 Lachanm Eta a

112

County Commission
 Comisión del Condado
 Komision Konte

5

School Board
 Junta Escolar
 Asanble Edikasyon

6

Community Council
 Consejo Comunitario
 Konsèy Kominotè

N/A

Municipal | Municipal | Minisipalite

MIAMI DIST 3



Detach here

Desprenda por aquí

Detache la a



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

/ 27

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

The amount enclosed includes the following donation:

FPL Care To Share \$ _____

B 2,6,7 8510



AUTO **C0 4522
047701

FRANK X CAROLLO

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

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001



Account number	Total amount you owe	New charges due by	Amount enclosed
[REDACTED]	[REDACTED]	May 04 2012	\$

Your electric statement

Account number: [REDACTED]

For: Mar 14 2012 to Apr 13 2012 (30 days)

Customer name: FRANK X CAROLLO

Statement date: Apr 13 2012

Service address: [REDACTED]

Next meter reading: May 14 2012

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	May 04 2012

Meter reading - Meter ACD2801

Current reading [REDACTED]
Previous reading [REDACTED]
kWh used [REDACTED]

Amount of your last bill [REDACTED]
Payment received - Thank you [REDACTED]
Balance before new charges [REDACTED]

Energy usage

	Last Year	This Year
kWh this month	[REDACTED]	[REDACTED]
Service days	[REDACTED]	[REDACTED]
kWh per day	[REDACTED]	[REDACTED]

New charges (Rate: RS-1 RESIDENTIAL SERVICE)

Electric service amount [REDACTED]
Storm charge [REDACTED]
Gross receipts tax [REDACTED]
Franchise charge [REDACTED]
Utility tax [REDACTED]
Total new charges [REDACTED]

****The electric service amount includes the following charges:**

Customer charge: [REDACTED]
Fuel: [REDACTED]
(First 1000 kWh at \$0.033430)
(Over 1000 kWh at \$0.043430)
Non-fuel: [REDACTED]
(First 1000 kWh at \$0.051840)
(Over 1000 kWh at \$0.061840)

Total amount you owe

- Payment received after **May 04, 2012** is considered **LATE**; a late payment charge of **1.50%** will apply and your account may be subject to an adjusted deposit billing.
- Minor adjustments to the storm charges were recently approved by the Public Service Commission and will apply to your May bill. Visit www.FPL.com/rates for more information.

OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL
2013 SEP 21 PM 3:02
RECEIVED



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

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



/ 27



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

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

B 2,6 8510 3

AUTO **C0 4522 047948



FRANK X CAROLLO



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

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001



Account number	Total amount you owe	New charges due by	Amount enclosed
[REDACTED]	[REDACTED]	Sep 04 2013	\$

Your electric statement

Account number: [REDACTED]

For: Jul 15 2013 to Aug 14 2013 (30 days)

Customer name: FRANK X CAROLLO

Statement date: Aug 14 2013

Service address: [REDACTED]

Next meter reading: Sep 16 2013

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Sep 04 2013

Meter reading - Meter ACD2801

Current reading [REDACTED]
Previous reading [REDACTED]
kWh used [REDACTED]

Amount of your last bill [REDACTED]
Payment received - Thank you [REDACTED]
Balance before new charges [REDACTED]

Energy usage	Last Year	This Year
kWh this month	[REDACTED]	[REDACTED]
Service days	[REDACTED]	[REDACTED]
kWh per day	[REDACTED]	[REDACTED]

New charges (Rate: RS-1 RESIDENTIAL SERVICE)

Electric service amount [REDACTED]
Storm charge [REDACTED]
Gross receipts tax [REDACTED]
Franchise charge [REDACTED]
Utility tax [REDACTED]
Total new charges [REDACTED]

**The electric service amount includes the following charges:

Customer charge: [REDACTED]
Fuel: [REDACTED]
(First 1000 kWh at \$0.026330)
(Over 1000 kWh at \$0.036330)
Non-fuel: [REDACTED]
(First 1000 kWh at \$0.058090)
(Over 1000 kWh at \$0.068440)

Total amount you owe

- Payments received after **September 04, 2013** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The Florida Public Service Commission approved a quarterly storm charge adjustment. The slight decrease will apply to your bill beginning Sept. 1. Visit www.FPL.com/rates to learn more about the charges on your bill.

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1027

CAMPAIGN ACCOUNT OF FRANK CAROLLO

95 MERRICK WAY, STE. 250
CORAL GABLES, FL 33134-5314


DATE 9/20/2013 63-8413 41734
2670

PAY TO THE ORDER OF

City of Miami

\$ 682.⁰⁰/₁₀₀

- Six Hundred, Eighty Two and 00/100

DOLLARS  Security Features Included. Details on Back.

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

FOR Qualifying Fee

Monica Martinez

⑈001027⑈ ⑈267084131⑈



City of Miami
OFFICIAL RECEIPT

No. 418353

\$ 682.⁰⁰ Sales Tax \$ _____ Total \$ 682.⁰⁰
Six Hundred Eighty Two and 00/100

Date: 9 21 2013

/100 Dollars

Received from: Frank Carollo

Address: 3500 Pan American Drive Miami 33137

For: Candidate Qualify 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: [Signature]
Division: Elect

C FN/TM 402 Rev. 03/03

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

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2013 SEP 21 PM 3:02
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CITY OF MIAMI, FL