

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

(PLEASE TYPE)

OFFICE USE ONLY

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

RAY CANTILLO

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

S. PETER CAPUA LAW OFFICES (Judge, Ret.)
Concord Building (9th Floor)
66 W. Flagler Street Miami, Fl 33130

Telephone (optional)
305-807-2012

2. Party (Partisan candidates only)
N/A

3. Office (add district, circuit or group number)
City Commissioner Dist. 2

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

4. Name of Treasurer or Deputy Treasurer
Judge S. Peter Capua, (Ret.)

5. Mailing Address (If post office box or drawer add street address)
Concord Building (9th Floor) 66 West Flagler Street

6. Telephone
305-374-6177

7. City
Miami

8. County
Dade

9. State
Florida

10. Zip Code
33130

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank
Mellon United National Bank

12. Street Address
44 W. Flagler Street Miami, Fl 33130

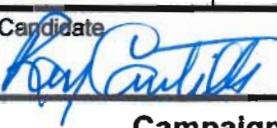
13. City
Miami

14. County
Dade

15. State
Florida

16. Zip Code
33130

17. Signature of Candidate



Date

9/22/07

Campaign Treasurer's Acceptance of Appointment

Judge S. Peter Capua, (Ret.)

I, _____, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of RAY CANTILLO

who is seeking nomination or election as a _____ candidate to the office of

CITY COMMISSIONER DIST. 2

(Party)

Miami-Dade

As a duly registered voter in _____

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

September 21, 2007

Date


Signature of Campaign Treasurer or Deputy Treasurer

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CITY CLERK
CITY OF MIAMI, FL

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, RAY GANTILLO,

candidate for the office of COMMISSIONER DIST 2;

City of Miami

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

Florida Statutes.

X

Ray Gantillo

Signature of Candidate

9/22/07

Date

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

**AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA**

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CITY CLERK
CITY OF MIAMI, FL

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

RAY CANTU (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Ray Cartwright

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. 998.

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

86 BAY HEIGHTS DR. COCONUT GROVE, FL 33133
which is my legal address, and I have resided continually at said address from the 1 day of
1981 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

MA

For the Period

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:

— MA

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

86 Bay Biscuits Dr, Cococut Key, FL33133

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PRISCILLA A. THOMPSON
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:
kr/4

10. Affiant's occupation: NATIVE AMERICAN AMBASSADOR
CONCULT GENERAL CONSULTANT

11. Affiant has been employed in the above-cited capacity for the following period of time:
10 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).

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:

- 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
- at the time such employee or board member appoints a campaign treasurer and designates a primary depository; or
- 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:

S. PETER CAPUA (JUDGE RET) LAW OFFICES
CONCORD BLDG (9TH FLOOR) 66 W. PEARL ST. MIAMI
FL 33130

Affiant's campaign treasurer's name:

S. PETER CAPUA (JUDGE RET)

*Affiant's campaign treasurer's address:

CONCORD BLDG 9TH FLOOR, 66 W. PEARL ST.
MIAMI FLA 33130

Telephone numbers: (work)

305 807-2012
(home)

*[A Campaign Treasurer or Deputy Treasurer shall be a registered voter in the State of Florida.]

15. Affiant represents that, if elected, he/she shall serve in the elective office to which he/she seeks election.

16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot:

RAY "AMBASSADOR" CANTU

SIGNED THIS 22 DAY OF SEPTEMBER 2007

* Ray Cantu
AFFIANT

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

Priscilla A. Thompson

CITY CLERK,

CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: Florida Driver's license

C 534-720-42-350-0

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CITY CLERK
CITY OF MIAMI, FL

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2006

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

LAST NAME - FIRST NAME -- MIDDLE NAME:

CANTINO RAY

MAILING ADDRESS:

UNIVERSITY OF MIAMI

BOX 249069

CITY: ZIP: COUNTY:

CORAL GABLES, MIAMI DADE

FL 33124

NAME OF AGENCY: COMMISSION DIST # 2

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2006

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 (check one):

 DECEMBER 31, 2006

OR

SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 2006

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 (check one):

 COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--|---------------------|--|
| AMB. RAY CANTINO UNIVERSITY OF MIAMI CONSULTING BOX 249069 CORAL GABLES FLORIDA 33124 | | |

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|----------------------------|--|----------------------|--|
| N/A | | | |

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

| | |
|---------------------------------------|---|
| 86 BAY HEIGHTS PL. MIAMI, FL 33133 | 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.] | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
| TYPE OF INTANGIBLE | | |
| N/A | RECEIVED | |
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| | PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI, FL | |
| | | |
| | | |

| | | |
|-------------------------------------|------------------|---------------------|
| PART E -- LIABILITIES [Major debts] | NAME OF CREDITOR | ADDRESS OF CREDITOR |
| | CITI BANK | |
| | | |
| | | |
| | | |

| | | | |
|---|---------------------|---------------------|---------------------|
| PART F -- INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | |
| NAME OF BUSINESS ENTITY | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
| ADDRESS OF BUSINESS ENTITY | N/A | | |
| PRINCIPAL BUSINESS ACTIVITY | | | |
| POSITION HELD WITH ENTITY | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | |

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

| | |
|-----------------------|-------------------------|
| SIGNATURE (required): | DATE SIGNED (required): |
| <i>Ray Correll</i> | SEP 22, 2007 |

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

LOYALTY OATH

CANDIDATES WITH NO PARTY AFFILIATION
(Sections 876.05-876.10, Florida Statutes)

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PRISCILLA A. THOMPSON

CITY CLERK

CITY OF MIAMI, FL

MIAMI-DADE COUNTY

STATE OF FLORIDA

(PLEASE PRINT)

I,

RAY

N/A

CANTILLO

First Name

Middle Name/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.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, RAY "AMBASSADOR" CANTILLO

(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 for the office of COMMISSIONER 2 N/A
(office) district (circuit)
N/A (group) I am a qualified elector of MIAMI-DADE 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.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE

Signature of Candidate

Mailing Address

Box 249069

CABLES, FL 33124

City

State

Zip Code

Day Phone

Fax Number

Date Signed

LOYALTY OATH

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

(Please Print)

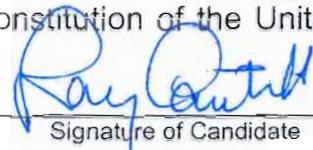
I, RAY N/A CANTILLO

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

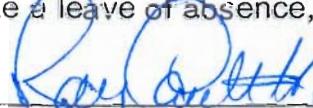
OFFICE OF CITY OF MIAMI COMMISSIONER

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

RAY "AMBASSADOR" CANTILLO

(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

86 Bay Harbor Dr.

Address

Miami, FL 33133

City State ZIP Code

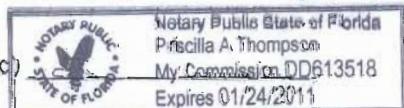
The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribe before me this 22 day of September, 20 07

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

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PRISCILLA A. THOMPSON
NOTARY PUBLIC
CITY OF MIAMI, FL

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



Personally Known OR Produced Identification Type of Identification Produced Florida Driver's license

C 534-720-42-350-0

**DECLARATION
FOR CANDIDATES NOT AUTOMATICALLY COVERED BY THE MIAMI-DADE
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

The Ethical Campaign Practices Ordinance may apply to any candidate, and his or her campaign staff, for elective office with a constituency in whole or in part in Miami-Dade County who agrees to abide by the mandatory and/or voluntary fair campaign practices.

I, RAY CANTUO, a candidate for the office of Commission Dist 2 agree to abide by the mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the mandatory campaign practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

By signing this declaration, I acknowledge that I will follow the mandatory campaign practices and shall not:

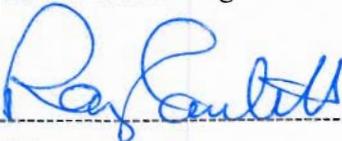
- a) with actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule, or causes said person to be shunned or avoided, or injured in his or her business or occupation; or
- b) with actual malice publish or cause to be published by writing, printing, picture, effigy, sign or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff which exposes said person to be shunned or avoided, or injured in his or her business or occupation; or
- c) willfully injury, deface or damage or cause to be injured, defaced or damaged by any means any campaign poster, sign, leaflet, handbill, literature or other campaign material of another candidate; or
- d) knowingly obtain, or cause to be obtained campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit therefrom; or
- e) knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate; or
- f) knowingly fail to remove a campaign sign within thirty (30) days of the last election in which the candidate was on the ballot; or
- g) knowingly erect or cause to be erected a campaign sign within the right-of-way limits of any County-maintained road in Miami-Dade County.

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CITY CLERK
CITY OF MIAMI, FL

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.



Signature



Date

In addition to abiding by the Mandatory Campaign Practices, I agree to follow the voluntary Statement of Fair Campaign Practices enumerated in Section 2-11.1(D):

1. I shall not make my race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
2. I shall not make my opponents' race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability or sexual orientation.
4. I shall not without just cause attack or question my opponent's patriotism.
5. I shall not publish, display or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group, which resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

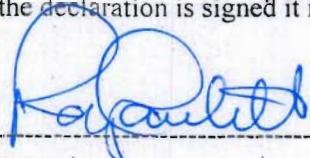
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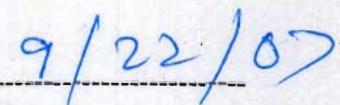
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, RAY CANTUO, a candidate for the office of
Commissioner Dist 2, agree to abide by the Statement of Fair Campaign Practices mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and described on the previous page and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the Statement of Fair Statement Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.



Signature



Date

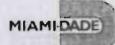
PLEASE FILE FORM(S) WITH THE MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST AND THE MIAMI-DADE SUPERVISOR OF ELECTIONS.

Miami-Dade Commission on Ethics
19 West Flagler Street
Suite 220
Miami, FL 33130

Miami-Dade Supervisor of Elections
2700 N.W. 87th Avenue
Doral, Florida 33172

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL



Voter Information Card
Miami-Dade County, FL

RAY CANTILLO
86 BAY HEIGHTS DR
MIAMI FL 33133

Bring photo identification
when voting.

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

Kat Enfòmasyon Voté
Konte Miami-Dade, FL

ISSUED

ENPRIMÉ

02/24/06

Registration No.

Nim. Enskripsyon

109080703

Identification Data

Precinct No.

Enfo. Idantifikasyon

Nim. Biwo Vot

09/30/42

998

Registration Date

Party Affiliation

Dat Enskripsyon

Pati Politik

05/29/73

REP

Polling Place | Lokal Biwo Vot

MUSEUM OF SCIENCE

3280 S MIAMI AVE

Lester Sola

Supervisor of Elections | Supervisor de Elecciones | Sipèvize Eleksyon

You are eligible to vote for the representatives from the districts listed below.

W elijib pou w vote pou reprezantant ki nan distri ki ekri anba li yo

| Congress | State Senate | State House |
|----------|--------------|-------------|
|----------|--------------|-------------|

| | | |
|--------|------------|---------------|
| Kongrè | Sena Eta a | Lachann Eta a |
|--------|------------|---------------|

| | | |
|-----|-----|-----|
| 018 | 039 | 107 |
|-----|-----|-----|

| County Commission | School Board | Community Council |
|-------------------|--------------|-------------------|
|-------------------|--------------|-------------------|

| | | |
|----------------|-------------------|-----------------|
| Komisyon Konte | Asanble Edikasyon | Konsèy Kominofè |
|----------------|-------------------|-----------------|

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Municipal | Minisipal

MI02



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

Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055Name: **RAY CASTILLO**
Account Number: **0198584200**
Billing Date: **09/13/2006**
Past Due Date: **10/04/2006**Billing Inquiries (hours 8:00 - 7:00 PM) 305-665-7477
All Other Inquiries (hours 8:00 - 7:00 PM) 305-665-7488

Page 1 of 3

Messages

PAY your bill and VIEW your account on-line at www.miamidade.gov. To PAY by phone, call 1-877-565-9300.

Want a FREE showerhead? Call 786-552-8955 or visit us online at <http://www.miamidade.gov/wasd/Showerhead-Program.asp> to find out how you can save money and conserve water by participating in WASD's Low-Flow Showerhead Exchange Program.

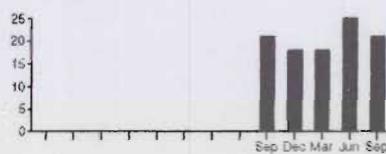
Account Summary

| | |
|------------------------------|------------------|
| Previous Balance | \$ 196.17 |
| Payment Received | -196.17 |
| Current Charges | 89.91 |
| Adjustments | 28.76 |
| Total Account Balance | \$ 118.67 |

*59.91
719
118.67
89.91
28.76*

| Meter Number | Service From | Service To | Days of Service | Prior Reading | Current Reading | Consumption |
|-----------------|--------------|------------|-----------------|---------------|-----------------|-------------|
| 36391231 | 06/07/06 | 09/07/06 | 92 | 1211 | 1232 | 21 CCF |

21122092

Service Address: 86 BAY HEIGHTS DR**Water Charges**
Usage History

| | |
|-------------------------------|-----------------|
| Water Charges | 23.22 |
| Hydrant Charge | 2.40 |
| Water Charges Subtotal | \$ 25.62 |

Adjustments

| | |
|----------------------------|----------|
| Collect Field Visit Charge | \$ 20.00 |
| Late Payment Fee | \$ 3.09 |

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Miami-Dade Water and Sewer Department

P O Box 026055

Miami, FL 33102-6055

Name: RAY CASTILLO
 Account Number: 0198584200
 Billing Date: 09/13/2007
 Past Due Date: 10/04/2007

Billing Inquiries (hours 8:00 – 7:00 PM) 305-665-7477
 All Other Inquiries (hours 8:00 – 7:00 PM) 305-665-7488

Page 1 of 3

Messages

PAY your bill and VIEW your account on-line at www.miamidade.gov. To PAY by phone, call 1-877-565-9300.

You can now receive and pay your bill electronically! This new feature will allow you to view and print bills for 12 billing periods. It's free and easy to sign up. Go to <https://www.paymywasdbill.com/mdws> and sign up now!

Account Summary

| | |
|------------------------------|------------------|
| Previous Balance | \$ 152.40 |
| Payment Received | -130.03 |
| Current Charges | 77.97 |
| Adjustments | 0.04 |
| Total Account Balance | \$ 100.38 |

Unpaid Balance Due Immediately

22.37

| Service From | Service To | Meter Number | Days of Service | Prior Reading | Current Reading | Consumption in CCF | Consumption in Gallons |
|--------------|------------|--------------|-----------------|---------------|-----------------|--------------------|------------------------|
| 06/07/07 | 09/07/07 | 36391231 | 92 | 1304 | 1322 | 18 | 13464 |

Service Address: 86 BAY HEIGHTS DR, RES**Water Charges**

| | |
|-------------------------------|-----------------|
| Water Charges | 19.59 |
| Hydrant Charge | 2.40 |
| Water Charges Subtotal | \$ 21.99 |

Water Fees and Taxes

| | |
|--------------------------------------|----------------|
| Excise Tax | 1.96 |
| Utility Service Fee | 1.47 |
| Water Fees and Taxes Subtotal | \$ 3.43 |



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 P. MISCILLA, ANTHONY THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

For more information see back of bill
 Return this portion with Payment

Make Checks Payable to Miami-Dade Water and Sewer Department or M-DWASD

P O Box 026055
 Miami, FL 33102-6055

| Account Number | Past Due Date | Amount Due (US \$) | Amount Enclosed |
|----------------|---------------|--------------------|---|
| 0198584200 | 10/04/2007 | \$ 100.38 | The unpaid balance of \$ 22.37 is past due and must be paid immediately |

- Payment in US funds must be received by Miami-Dade Water and 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
- Please report any hazardous conditions immediately, call 305-274-9272.

RAY CASTILLO
 86 BAY HEIGHTS DR
 MIAMI FL 33133-2630

01985842005 00000000010038

PNLE ARPS PROPERTY SYSTEM - PROPERTY NAME / LEGAL INQUIRY (32)
 DATE: 09/22/2007 17:42:57

FOLIO NO: 01-4114-006-0650 LEGAL ADDR: 86 BAY HEIGHTS DR
 GRP FOLIO: PROP ADDR: 86 BAY HEIGHTS DR
 CANCELED: NO ORIGIN: DC BL PRESENT: YES ST EX: 00 00 CLUC: 01
 OWNER NAME AND ADDRESS

VALUE HISTORY

| YEAR: | 2005 | 2006 | 2007 |
|----------------|-------------|---------|---------|
| LAND: | 424,326 | 594,056 | 682,963 |
| BLDG: | 191,977 | 115,613 | 136,740 |
| TOTAL: | 616,303 | 709,669 | 819,703 |
| ZIP: 331332630 | HEX: 25,000 | 25,000 | 25,000 |
| | WVDS: 0 | 0 | |

| LEGAL DESCRIPTION | TOTEX: | 25,000 | 25,000 | 25,000 |
|-----------------------|------------|---------|---------|---------|
| BAY HEIGHTS PB 50-93 | NONEX: | 591,303 | 684,669 | 794,703 |
| LOT 4 BLK 5 | GRSS TX: | 7,125 | | |
| LOT SIZE 77.120 X 131 | CNTY TX: | | | |
| OR 14103-1135 0280 5 | CITY TX: | 2,186 | | |
| | SALE AMT: | 80,000 | | |
| | SALE DATE: | 02/1980 | 04/1976 | |
| | SALE TYPE: | 5/ | 1/ | / |

NEXT FOLIO KEY: NEXT ADDRESS KEY:

ACTION: 1-CONTINUE

ACTION: 01

XMIT:

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 CITY OF HIAH, FL

STIN ARPS PROPERTY SYSTEM - STREET INQUIRY (13)

STREET ID: 093090 IN USE: YES

| --HOUSE RANGE-- | QUAD | NAME | TYPE | --SIDE-- |
|---------------------|-----------|---------------------|------|---------------------|
| 0072 - 0098 | | BAY HEIGHTS | DR | 0 EVEN |
| FACE: | N | PRIMARY ZONE: | | EMPOWERMENT ZONE: N |
| ZIP CODE: | 331330000 | SD1 ZONE: | | LATIN QUATERS: N |
| CENSUS TRACT: | 6800 | SD2 ZONE: | | VOTING DISTRICT: 02 |
| CENSUS BLOCK: | 2009 | DDRI ZONE: | N | |
| FIRE 901 ZONE: | 0492 | SEOPWDRI ZONE: | N | |
| FIRE SFBC ZONE: | 3A | HIST PRESVN DIST: | N | |
| NBHD CODE: | 11 | SCENIC CORRIDOR: | N | |
| SUB NBHD CODE: | 02 | PEDESTRIAN PATHWAY: | N | |
| SOLID WASTE ROUTE: | 219 | OMNI TAX DISTRICT: | N | |
| TRASH ROUTE: | 00 | DDA DISTRICT: | N | |
| STREET CLEAN ROUTE: | 000 | CD TARGET AREA: | 00 | |

NEXT STREET:

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

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 CITY CLERK
 CITY OF MIAMI, FL



T010610110288 **SAFE DRIVER**
Operation of a motor vehicle constitutes consent to any sobriety test required by law

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

AFFIDAVIT OF FINANCIAL HARDSHIP

I, Dale Carter, a candidate for the office of
Commissioner of the Florida Department of
do hereby certify, pursuant
to Section 99.093, Florida Statutes, that I am unable to pay the 1% election
assessment to qualify for nomination or election to public office because paying
the assessment would be an undue burden on my personal financial resources
or on the financial resources available to me.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE
FOREGOING AND THAT IT IS A TRUE AND CORRECT STATEMENT.

Date

9/22/07

Dale Carter

Signature of Candidate

86 Bay Street
Miami, FL 33132

Address of Candidate

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

AFFIDAVIT OF FINANCIAL HARDSHIP

I, Ray Castello, a candidate for the office of
Commissioner at H-2 do hereby certify, pursuant to
Section 16-7, City of Miami Code, that I am unable to pay the \$100 election qualifying
fee for nomination or election to public office because paying the fee would be an undue
burden on my personal financial resources or on the financial resources available to me.

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

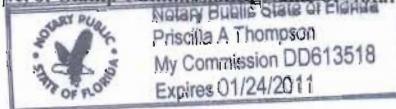
Ray Castello
Signature of Affiant

86 Bay Height Dr
Address of Affiant

Sworn to (or affirmed) and subscribed before me this 22nd day of
September, 2007

Priscilla A. Thompson
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



Personally Known _____ or Produced Identification X

Type of Identification Produced: Florida Driver's
License C 534-720-42-350-0

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CITY CLERK
CITY OF MIAMI, FL

Candidate Qualification Checklist

QUALIFYING A CANDIDATE

Print Candidate Name

State Affidavit of Financial Hardship City Affidavit of Financial Hardship RAY CANTILLO

DOCUMENT PRE-CHECK

Voter's Registration Card Picture ID Proof of Residency Campaign Check (\$682)

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 checked="" type="checkbox"/> |

TO DO

| | | |
|---|---|-------------------------------------|
| A | Make 1 copy of Voter's Registration, 3 Copies of Picture ID, 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, 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 (\$1,070 for mayor; \$682 for commissioner) made payable to City of Miami. Make 1 copy - put original in safe. <i>Copies of Affidavits of Financial Hardship Notarize</i> | <input checked="" type="checkbox"/> |
| G | Write receipt for check. Make 1 copy, return original to candidate. <i>N/A</i> | <input type="checkbox"/> |
| H | Make sure every blank is filled and all signatures required are executed. Have candidate take oath that all information is correct to the best of his/her knowledge. "Do you swear (or affirm) that the statements in the affidavit are true and complete to the best of your knowledge and belief?" They need not answer orally or raise their right hand; subsequent signing of the Affidavit is an adequate affirmation response. Then have candidate sign Affidavit of Candidate form; then clerk signs, dates and notarizes form. | <input checked="" type="checkbox"/> |

ASSEMBLE DOCUMENTS

| | | |
|---|---|-------------------------------------|
| I | Place Documents in following order: Appt of Treas, Statement of Candidate, Affidavit of Candidate, Form 1, State Loyalty Oath, City Loyalty Oath, Ethics Declaration, Copy of Voter's Registration, Copy of Proof of Residency, ARPS, Copy of Driver's License, <i>Copy of Check, Copy of Receipt. Affidavit of Hardship State / Affidavit of Hardship City</i> | <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, 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"/> |
|---|---|-------------------------------------|

Signature

** Ray Cantillo*

9/22/07

Date