

2009 SEP 15 PM 2:17

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )  
CITY OF MIAMI )PRISCILLA C. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

Ney Denis Rod (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Ney Denis Rod.

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. 548.

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

[REDACTED] MIAMI, FL 33125, which is my legal address, and I have resided continually at said address from the 1st day of 1968 to the present. *April*

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

N/A

For the Period

N/A

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)

N/A

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.

**AFFIDAVIT OF CANDIDATE**

**CITY OF MIAMI, FLORIDA**

RECEIVED

2009 SEP 15 PM 2:17

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

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

Nay Denis Rod (hereinafter "affiant"), being first duly sworn, deposes and says:

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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. 548.

I presently reside at the following address (must include zip code):  
[REDACTED] MIAMI, FL 33125

which is my legal address, and I have resided continually at said address from the 1st day of 1965 to the present.

*april*

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  
N/A

For the Period  
N/A

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)

N/A

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:

Self-employed

10. Affiant's occupation: educator

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

15 years

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CITY CLERK  
CITY OF MIAMI, FL  
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WITNESS

(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:

Miami, FL 33125

Affiant's campaign treasurer's name:

Mr. Joe Chi

\*Affiant's campaign treasurer's address:

2340 NW 27 Avenue, Miami, FL 33142

Telephone numbers: (work) 305 - 636-0902/04

(home) 786-554-8001

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CITY CLERK  
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:

Dennis Rod

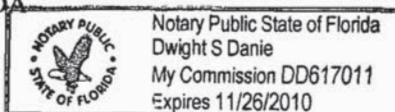
SIGNED THIS 15 DAY OF September, 2009.

  
AFFIANT

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

  
for CITY CLERK,  
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: Dennis Lawrence R-300-624-52-321-0

## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

RECEIVED 2008

2008 SEP 15 PM 2:18

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

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Ney Dennis Rod

MAILING ADDRESS:

[REDACTED]

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

CITY: ZIP: COUNTY:

CITY OF MIAMI

Commissioners District 4

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

ID Code

ID No.

Conf. Code

P. Req. Code

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

## DISCLOSURE PERIOD:

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



DECEMBER 31, 2008

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 (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 INCOMESOURCE'S  
ADDRESSDESCRIPTION OF THE SOURCE'S  
PRINCIPAL BUSINESS ACTIVITYChina / Latin America trade debts (self-employed)  
(leave of absence)

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

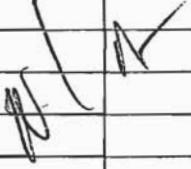
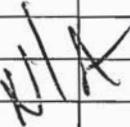
NAME OF  
BUSINESS ENTITYNAME OF MAJOR SOURCES  
OF BUSINESS' INCOMEADDRESS  
OF SOURCEPRINCIPAL BUSINESS  
ACTIVITY OF SOURCE

N/A

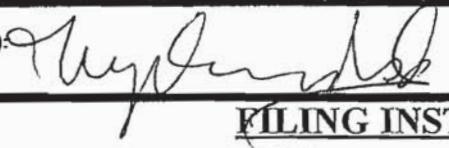
## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

N/A

FILING INSTRUCTIONS for when  
and where to file this form are located  
at the bottom of page 2.INSTRUCTIONS on who must file  
this form and how to fill it out begin  
on page 3.OTHER FORMS you may need to  
file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
			
PART E — LIABILITIES [Major debts]			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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			

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

SIGNATURE (required): 

DATE SIGNED (required): 9/15/09

**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 Macay 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)**OFFICE USE ONLY**

2009 SEP 15 PM 2:18

WISCH, ROBERT LIPSON  
CITY CLERK  
CITY OF MIAMI  
COUNTY**STATE OF FLORIDA**Miami-Dade

(PLEASE PRINT)

I, Ney

First Name

Denis

Middle Name/Initial

Rod

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, Denis Rod

(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 , 4 , N/A ,  
(office) (district) (circuit)N/a . I am a qualified elector of Miami-Dade County, Florida. I am qualified  
(group)

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

Day Phone

N/A

Fax Number

Miami  
CityFL  
State33125  
Zip Code

Date Signed



## LOYALTY OATH

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2009 SEP 15 PM 2:18

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

(Please Print)

I, (Ney) Denis Rod

First Name

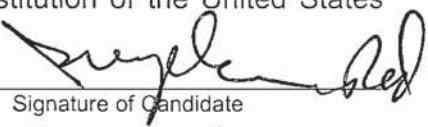
(Denis

Middle Initial

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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

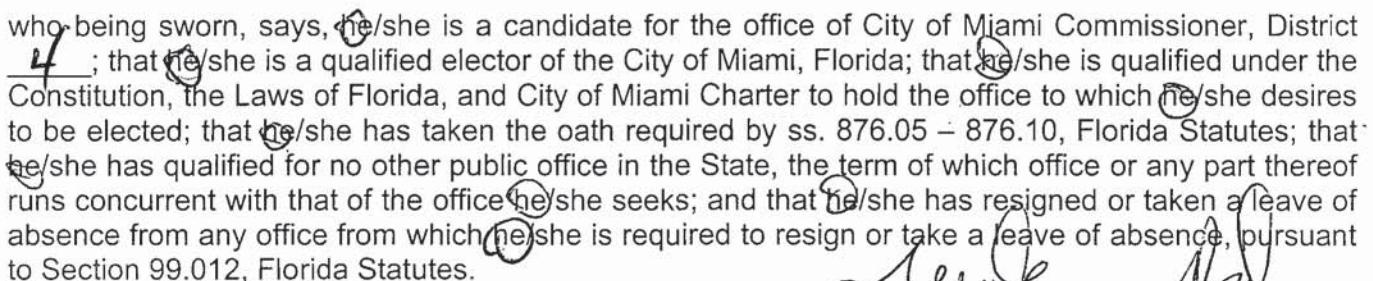
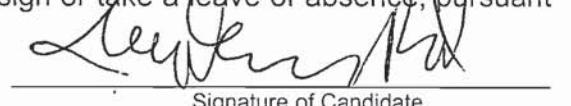
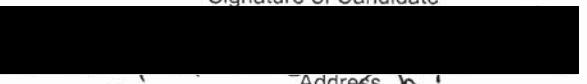
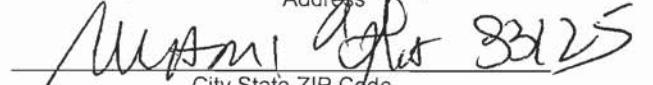
## OATH OF CANDIDATE

## OFFICE OF CITY OF MIAMI COMMISSIONER

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

  
DENIS ROD

(Please print name as you wish it to appear on ballot)

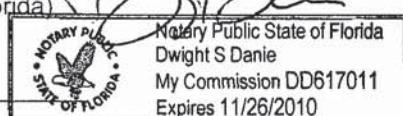
who, being sworn, says,  he/she is a candidate for the office of City of Miami Commissioner, District 4; that he/she is a qualified elector of the City of Miami, Florida; that he/she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; that he/she has taken the oath required by 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  
Address  
City State ZIP Code

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

and subscribe before me this 15 day of September, 2009.

(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 Driver's License R-300-624-52-3210

Detache here Detache por aquí Detache la e



Voter Information Card  
Miami-Dade County, FL

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

Kat Enfòmasyon Votè  
Konté Miàmi-Dade, FL

ISSUED  
EN PRIMER  
02/24/06

NEY DENIS JR ROD [REDACTED]

MIAMI, FL 33125

Bring photo identification  
when voting.

Para votar, presente una  
identificación con fotografía.

Transcri pote yon pyès idantifikasiyon  
ki gen foto w sou li le w'ap vin vote.

Registration No.  
Núm. de inscripción  
Nim. Enskripsyon

109079769

Precinct No.  
Núm. del distrito  
Nim. Biwo Vót

548

Party Affiliation  
Afiliación partidista  
Patí Politik

DEM

Polling Place: | Centro de votación | Lokal Biwo Vót  
ST MICHAEL'S CHURCH

2987 WEST FLAGLER ST

Lester Sola

Supervisor of Elections | Supervisor de Elecciones | Sipèvizi Eleksyon

You are eligible to vote for the representatives from the districts listed below.  
Puedes 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	State Senate	State House
Congreso	Senado Estatal	Cámara Estatal
Kongrè	Sena Eta a	Lachann Eta a
018	036	113

County Commission	School Board	Community Council
Comisión de' Condado	Junta Escolar	Consejo Comunitario
Komisyon Konte	Asanble Edikasyon	Konsey Kominotè
07	06	

Municipal | Municipal | Minisipal  
MI04



**INSTRUCTIONS FOR ATTACHING DECAL**

1. Clean area where new annual decal is to be affixed.
2. Peel decal from this document.
3. Affix decal in the upper right corner of license plate.

**IMPORTANT INFORMATION**

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

NEY DENIS ROD JR  
[REDACTED]  
MIAMI, FL 33125

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

**FLORIDA VEHICLE REGISTRATION**

CO/AGY 1 / 1 T# [REDACTED]  
B# [REDACTED]

Expires **Midnight Thu 9/1/2011**

YR/MK [REDACTED] BODY 4D  
VIN [REDACTED]  
Plate Type RGS NET WT 2434

DL/FEID [REDACTED]  
/Date Issued 8/31/2009 Plate Issued 8/31/2009

COLOR	RED	Reg. Tax	54.20	Class Code	1
TITLE	[REDACTED]	Init. Reg.		Tax Months	[REDACTED]
		County Fee	5.00	Back Tax Mos	24.
		Mail Fee		Credit Class	
		Sales Tax		Credit Months	
		Voluntary Fees			
		Grand Total	58.20		

NEY DENIS ROD JR  
[REDACTED]  
MIAMI, FL 33125

**IMPORTANT INFORMATION**

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

RGS - SUNSHINE STATE PLATE ISSUED X

CITY OF MIAMI, FL  
CITY CLERK  
RISCHILLA A. THOMPSON

2009 SEP 15 PM 2:18

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## Your electric statement

For: Sep 05 2008 to Oct 06 2008 (31 days)

Customer name: NEV DENIS ROD  
Service address: [REDACTED]

Statement date: Oct 06 2008  
Next meter reading: Nov 04 2008

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+/-)	Total amount you owe (=)	New charges due by
133.92	133.92 CR	0.00	0.00	112.51	\$112.51	Oct 27 2008

**Meter reading - Meter 5C39902**

Current reading	92513
Previous reading	- 91603

kWh used 910

### Energy usage

East This  
Year Year

kWh this month	928	910
Service days	29	31
kWh per day	32	29

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

Customer charge: \$5.34  
Fuel: \$54.79

(First 1000 kWh at \$0.060210)  
(Over 1000 kWh at \$0.070210)

Non-fuel: \$37.62  
(First 1000 kWh at \$0.041340)  
(Over 1000 kWh at \$0.051660)

Auto-enroll now in Budget Bill by paying \$93.18 in 1 payment by the due date instead of \$112.51. Your bill will be about the same each month & stabilized year-round. Learn more details at [www.FPL.com/resbb](http://www.FPL.com/resbb).

Amount of your last bill	133.92
Payment received - Thank you	133.92 CR
Balance before new charges	\$0.00

**New charges (Rate: RS-1 RESIDENTIAL SERVICE)**

Electric service amount 97.75<sup>++</sup>

Storm charge 1.01

Gross receipts tax	2.53
Franchise charge	5.47
Utility tax	5.75
<b>Total new charges</b>	<b>\$119.51</b>

Total view changes 112,5

**Total amount you owe**

- A late payment charge of 1.50% will apply if not paid by October 27, 2008, and your account may be subject to being billed an additional deposit.



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](http://www.FPL.com)

STIN

ARPS PROPERTY SYSTEM - STREET INQUIRY

(13)

STREET ID: 019391 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--  
 [REDACTED] 1 ODD

FACE:	S	PRIMARY ZONE:	EMPOWERMENT ZONE: N
ZIP CODE:	331254300	SD1 ZONE:	LATIN QUATERS: N
CENSUS TRACT:	5501	SD2 ZONE:	VOTING DISTRICT: 04
CENSUS BLOCK:	0101	DDRI ZONE: N	
FIRE 901 ZONE:	0614	SEOPWDRI ZONE: N	
FIRE SFBC ZONE:	3A	HIST PRESVN DIST: N	
NBHD CODE:	08	SCENIC CORRIDOR: N	
SUB NBHD CODE:	01	PEDESTRIAN PATHWAY: N	
SOLID WASTE ROUTE:	122	OMNI TAX DISTRICT: N	
TRASH ROUTE:	12	DDA DISTRICT: N	
STREET CLEAN ROUTE:	000	CD TARGET AREA: 07	

NEXT STREET:

HOUSE NO: QUAD: NAME:  
ACTION: 1-CONTINUE

TYPE:

2009 SEP 15 PM 2:18  
 PRISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL  
 ACTION: XMIT:

RECEIVED

2009 SEP 15 PM 2:18  
MSO

CITY OF MIAMI, FL



2009 SEP 15 PM 3:18

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DENIS BORG CAMPAIGN FUND  
[REDACTED]  
305-205-4342

Pay to the  
Order of City of Miami  
Six hundred eighty two xx 00 Dollars  Specify  
Funds  
Dashed on  
Bank

Regions Bank  
Miami, Florida 33154

For Electoral Politics MP

10631046681: 00952529160236

236  
63-466631  
9/15/09 Date  
MP



City of Miami  
**OFFICIAL RECEIPT**

No. 338932

\$ 682.00 Sales Tax \$ \_\_\_\_\_ Total \$ 682.00  
Six hundred and eighty-two \_\_\_\_\_ /100 Dollars  
Received from: Denis Rod Campaign Fund  
Address: [REDACTED] Miami FL 33125

For: Qualifying Fee

Reference No:

N. Ewan  
City Clerk

By:

Department:

Division:

RISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

C FN/TM 402 Rev. 03/03

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

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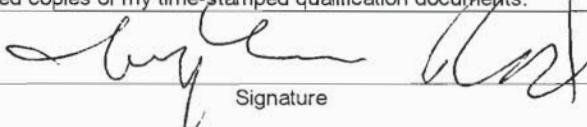
2009 SEP 15 PM 2:18

## Candidate Qualification Checklist

## QUALIFYING A CANDIDATE

		Print Candidate Name
DOCUMENT PRE-CHECK		Denis Rod
<input checked="" type="checkbox"/> Voter's Registration Card <input checked="" type="checkbox"/> Picture ID <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Campaign Check (Oem \$682 Mayor-\$1,600)/affidavit/certificate		2009 SEP 17 2:22
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 (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. <b>"Do you swear (or affirm) that the statements in the affidavit are true and complete to the best of your knowledge and belief?"</b> 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 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"/>
		9/15/09
Signature		Date