

**MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

**OFFICE USE ONLY**

Proof of residency provided:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill                |
| <input type="checkbox"/> Voter Information Card      | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt        | <input type="checkbox"/> Lease Agreement             |

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MIAMI-DADE  
ELECTIONS

**OATH OF CANDIDATE**

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, Alison Austin  
(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 nonpartisan office of County Commission, 3  
(OFFICE) (DISTRICT/AREA/SUBAREA)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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; 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

<b>X</b>	<u>Alison Austin</u>	<u>(305) 914-6026</u>	<u>alison@electalisonaustin.com</u>
	Signature of Candidate	Telephone Number	Email Address
	<u>PO Box 472936</u>	<u>Miami</u>	<u>FL 33247</u>
	Address	City	State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 108942487

STATE OF FLORIDA  
COUNTY OF Miami-Dade

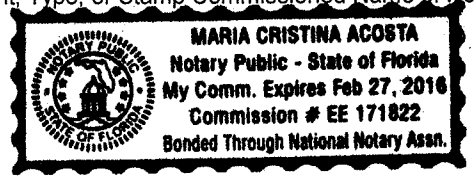
Sworn to (or affirmed) and subscribed before me this 4<sup>th</sup> day of June, 2012.

Personally Known: \_\_\_\_\_ or

Produced Identification: ✓

Type of Identification Produced:  
FL Drivers Lic.

Maria Cristina Acosta  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



FORM 6

FULL AND PUBLIC DISCLOSURE OF

2011

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

AUSTIN-Bruyning, Alison Dorine

MAILING ADDRESS:

1140 NW 58th St

Miami

33127

Miami-Dade

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

Miami-Dade County Commissioner Dist 3

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

MIAMI-DADE ELECTIONS

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CHECK IF THIS IS A FILING BY A CANDIDATE

2011 PDF Form 6

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of June 1, 2012 was \$ 78,000.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 7,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4) VALUE OF ASSET

N/A

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILITY

Bank of America

\$ 40,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILITY

N/A

**PART D – INCOME**

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Belafonte TACOLX Center	6161 NW 9th Ave Miami	\$ 60,000.00

**SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5]:**

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Rainforest Consulting	Rainforest Consulting	1140 NW 58th St Mia	Photography

**PART E – INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]:**

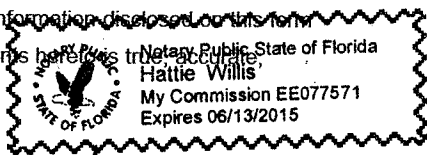
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
	Rainforest Consulting		
	1140 NW 58th St Mia		
	Photography		
	Co-owner		
	50%		
	Co-owner		

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

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true and accurate, and complete.



STATE OF FLORIDA  
 COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 01 day of

June, 20 12 by \_\_\_\_\_

Hattie Willis  
 (Signature of Notary Public—State of Florida)

HATTIE WILLIS  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Alison Arshi  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_


**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**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.

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MIAMI-DADE  
ELECTIONS

**Florida** *The Sunshine State*  
**DRIVER LICENSE CLASS E**



ALLISON AUSTIN-BRUYNING  
1140 NW 58 ST  
MIAMI, FL 33127-1326  
DOB: 10-26-1959 SEX: F HGT: 5-06  
ISSUED: 10-09-2007  
EXPIRES: 10-26-2013

SEX: F HGT: 5-06  
ISSUED: 10-09-2007  
EXPIRES: 10-26-2013

SALE DRIVER  
X620710090029  
Operation of a motor vehicle constitutes consent to any sobriety test required by law



**OFFICIAL RECEIPT**  
**MIAMI-DADE COUNTY-FLORIDA**

No. 6741237

RECEIVED FROM Allison Austin

DATE 6 / 5 / 2012  
MONTH DAY YEAR

ADDRESS 935 NW 62 Street

CASH \$ \_\_\_\_\_

Miami CITY FL STATE 33150 ZIP

CHECKS \$ 360 . 00

AMOUNT OF: Three hundred sixty DOLLARS, AND 00 CENTS TOTAL

TOTAL \$ 360 . 00

FOR PAYMENT OF: Cont Commission District 3

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Christene White

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY				INDEX CODE				SUBJECT				AMOUNT								


107.01-1 6/04

**ALLISON AUSTIN CAMPAIGN** 05-12 63-8413 41721  
2670 102

935 NW 62ND ST.  
MIAMI, FL 33150-4214

DATE 6/5/2012

PAY TO THE ORDER OF Miami Dade Board of County Commission \$ 360.00

Three hundred & sixty ~~00~~ DOLLARS 

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

MEMO Filing Fee County Commission District 3