

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED

2017 SEP 20 AM 8:47

OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

Manuel E. Reyes (hereinafter "affiant"), being first duly sworn, deposes and says:

- My name is Manuel E. Reyes.
- 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 for 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.
- 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. 557.

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

5301 SW 7 Street , Miami, Florida 33134

which is my legal address, and I have resided continually at said address from the 1 day of July, 1979 to the present.

- 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):

<u>Prior Addresses</u>	<u>For the Period</u>
<u>N/A</u>	<u>N/A</u>
_____	_____
_____	_____

- 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

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

5301 SW 7 Street, Miami, FL 33134

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:

Miami-Dade County Public Schools

1450 N.E. 2nd Avenue, Miami, FL 33132

10. Affiant's occupation: Economist - Teacher

Affiant's business telephone number(s): N/A

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

17 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, affiant shall take a leave of absence, without pay from his/her employment during the period in which affiant has become a candidate for elective public office. This subsection does not apply to the Commissioners and Mayor, City Manager, City Attorney, City Clerk, and Independent Auditor General. Such leave of absence shall be effective upon whichever occurs first:

- (a) Such employee 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 appoints a campaign treasurer and designates a primary depository; or
- (c) At the time such employee files qualification papers and subscribes to a candidate's oath as required by law.

The definition of "city board" is found in Section 2-882 of the Miami City Code.

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14. Affiant's campaign headquarters address and telephone number:

N/A

Affiant's campaign treasurer's name:

Fausto Alvarez

Affiant's campaign treasurer's address:

2828 Coral Way, Suite 400, Miami, FL 33145

Telephone numbers: (work) (305) 442-1010

(home) N/A

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

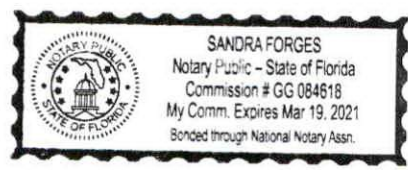
16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot: Manolo Reyes

SIGNED THIS 19 DAY OF SEPTEMBER, 2017.

Manuel E. Reyes
AFFIANT

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

[Signature]
for
CITY CLERK
CITY OF MIAMI, FLORIDA



(SEAL)

Did take an oath

Produced identification

Type of identification produced: FL Driver's License

AFFIDAVIT OF NICKNAME

STATE OF Florida

COUNTY OF Miami-Dade

BEFORE ME, the undersigned, personally appeared:

Manuel E. Reyes

(write legal name of candidate)

who being first duly sworn or placed under affirmation says:

1. My legal name is: Manuel E. Reyes

I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

2. I am a candidate for the office of: City of Miami Commissioner, District 4

3. My nickname is: Manolo Reyes

I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. I plan to designate this nickname on my candidate oath as the same name I wish to have printed on the ballot when I submit the candidate oath form during the qualifying period for the above office.

4. Attached are documents that show that my nickname is one by which I am generally known or one that I have used as a part of my legal name. [List the title of any documents or affidavits from other persons reflecting that the candidate is generally known by the nickname or that it has been used as part of the candidate's legal name.]

A. 2009 Election Ballot

B. Comcast Bill

C. FPL Bill

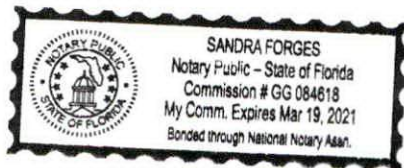
Manuel E. Reyes

Printed /Typed Name of Affiant

Manuel E. Reyes

Signature of Affiant

Sworn to me this 19th day of September 2017.



Sandra Forges

Notary Public

Sandra Forges

Printed Name

March 19, 2021

My Commission Expires

Personally known

or Produced Identification

Type of Identification Produced: FL Driver's License

OFFICIAL GENERAL MUNICIPAL
ELECTION BALLOT
MIAMI, FLORIDA
NOVEMBER 3, 2009

BOLETA OFICIAL DE LAS ELECCIONES
GENERALES MUNICIPALES
MIAMI, FLORIDA
3 DE NOVIEMBRE DEL 2009

BILTEN VÔT OFISYÈL ELEKSYON
MINISIPAL JENERAL
MIAMI, FLORID
3 NOVANM 2009

OFFICIAL GENERAL MUNICIPAL
ELECTION BALLOT
MIAMI, FLORIDA
NOVEMBER 3, 2009

BOLETA OFICIAL DE LAS ELECCIONES
GENERALES MUNICIPALES
MIAMI, FLORIDA
3 DE NOVIEMBRE DEL 2009

BILTEN VÔT OFISYÈL ELEKSYON
MINISIPAL JENERAL
MIAMI, FLORID
3 NOVANM 2009

TO VOTE, COMPLETELY FILL IN THE OVAL ● NEXT TO YOUR CHOICE.
If you make a mistake, review the instructions provided to correct your ballot.

PARA VOTAR, LLENE COMPLETAMENTE EL ÓVALO ● JUNTO A SU
SELECCIÓN.
Si se equivoca, lee las instrucciones que se le dan para corregir su boleta.

POU VOTE, RANPLI ANDEDAN OVAL LAN NÈT ● AKOTE SA W CHWAZI AN.
Si w fè yon erè, revize enstriksyon yo sou kouman pou korije bilten vôt w an.

CITYWIDE
PARA TODA LA CIUDAD
TOUT VIL LA

MAYOR
ALCALDE
MAJISTRA
(Vote for One)
(Vote por uno)
(Vote pou youn)

Tomás P. Regalado 80
 Joe Sanchez 81

DISTRICT WIDE
PARA TODO EL DISTRITO
TOUT DISTRIK LA

COMMISSIONER - DISTRICT 4
COMISIONADO - DISTRITO 4
KOMISYONÈ - DISTRIK 4
(Vote for One)
(Vote por uno)
(Vote pou youn)

Manolo Reyes 90
 Denis Rod 91
 Oscar Rodriguez-Fonts 92
 Francis Suarez 93

END OF BALLOT
FIN DE LA BOLETA
FÈN BILTEN VÔT LAN

Priscilla A. Thompson
9-28-09

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2017 SEP 20 AM 8:47
OFFICE OF THE CITY CLERK
CITY OF MIAMI



Account Number [REDACTED]
 Billing Date 08/16/17
 Total Amount Due \$178.34
 Payment Due By 09/06/17
 Page 1 of 4

Contact us: @ xfinity.com/customersupport

Manolo Reyes

For service at:
 5301 SW 7TH ST
 CORAL GABLES FL 33134-1159

Thanks for choosing XFINITY from Comcast

Visit xfinity.com/moving today to help you stay connected to all of your XFINITY services.

For quick and convenient ways to manage your account, view and pay your bill, please visit www.Xfinity.com/myaccount

Monthly Statement Summary

Previous Balance	178.34
Payment - 07/30/17 - Thank You	-178.34
New Charges - see below	178.34
Total Amount Due	\$178.34
Payment Due By	09/06/17

New Charges Summary

Bundled Services	109.99
Additional TV Services	29.92
Additional Voice Services	0.00
Add'l Products, Services & Equipment	10.00
Other Charges & Credits	12.98
Taxes, Surcharges & Fees	15.45
Total New Charges	\$178.34

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 OFFICE OF THE CITY CLERK
 CITY OF MIAMI

Detach and enclose this coupon with your payment. Please write your account number on your check or money order. Do not send cash.



If undeliverable, please return to:

141 NW 16TH ST POMPANO BEACH FL 33060-5250
 8495 6000 NO RP 16 08172017 NYNNNYNN 01 007627 0035

MANOLO REYES
 5301 SW 7TH ST
 CORAL GABLES, FL 33134-1159

Account Number [REDACTED]
 Payment Due By 09/06/17
 Total Amount Due \$178.34
 Amount Enclosed \$

Make checks payable to Comcast, and remit to address below

COMCAST
 PO BOX 530098
 ATLANTA GA 30353-0098





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 2,4,5,6,7 8511 8



MANUEL E REYES
C/O MANOLO REYES
5301 SW 7TH ST
CORAL GABLES FL 33134-1159

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

FPL
GENERAL MAIL FACILITY
MIAMI FL 33188-0001

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CITY OF MIAMI



Budget	Account number	Total amount you owe	New charges due by	Amount enclosed
Offer	[REDACTED]	\$251.44	Sep 06 2017	\$

Your electric statement

For: Jul 18 2017 to Aug 16 2017 (29 days)

Customer name: MANUEL E REYES

Service address: 5301 SW 7TH ST

Account number: [REDACTED]

Statement date: Aug 16 2017

Next meter reading: Sep 15 2017

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
287.66	287.66 CR	0.00	0.00	251.44	\$251.44	Sep 06 2017

Meter reading - Meter ACD1040

Current reading	76840
Previous reading	- 74823
kWh used	2017

Energy usage

	Last Year	This Year
kWh this month	2056	2017
Service days	30	29
kWh per day	69	70

Enroll now in FPL Budget Billing by paying \$202.13 in 1 payment by the due date instead of \$251.44. Your bill will be about the same each month & stabilized year-round. Learn more at FPL.com/bb

Amount of your last bill	287.66
Payment received - Thank you	287.66 CR
Balance before new charges	\$0.00

**The electric service amount includes the following charges:

Customer charge:	\$7.87
Fuel:	\$60.41
<i>(First 1000 kWh at \$0.024910)</i>	
<i>(Over 1000 kWh at \$0.034910)</i>	
Non-fuel:	\$143.20
<i>(First 1000 kWh at \$0.065950)</i>	
<i>(Over 1000 kWh at \$0.075950)</i>	

New charges (Rate: RS-1 RESIDENTIAL SERVICE)

Electric service amount	211.48**
Storm charge	2.67
Gross receipts tax	5.49
Franchise charge	13.18
Utility tax	18.62
Total new charges	\$251.44

Total amount you owe \$251.44

- Payments received after **September 06, 2017** 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 is reviewing a routine storm charge adjustment that would apply to your bill beginning in September. To learn more about your energy bill, visit FPL.com/rates.

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



FORM 1

STATEMENT OF FINANCIAL INTERESTS

2016

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

REYES MANUEL E.

MAILING ADDRESS :

017 SEP 20 AM 8:48

OFFICE OF THE CITY CLERK
CITY OF MIAMI

5301 S.W. 75th

MIAMI FL 33134 MIAMI-DADE

CITY: ZIP: COUNTY:

NAME OF AGENCY :

CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER DISTRICT 4

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

**** **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, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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 (must check one):

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, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
MIAMI DADE PUBLIC SCHOOLS	1700 BIKAYNE BLVD MIAMI FL 33132	TEACHER

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			

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

(If you have nothing to report, write "none" or "n/a")

5301 S.W. 75th
MIAMI-FL 33134

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
CASH	SAVING ACCOUNT OCEAN BANK
STOCKS	SCOTTRADE / TIAA-CREF

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	
STOCKS MR	

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	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

PART G — TRAINING

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:

Manuel E. Ceyer

Date Signed:

9/19/17

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

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, write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.

**ACKNOWLEDGMENT BY CANDIDATES COVERED BY
THE MANDATORY PROVISION
OF THE
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

The Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for Miami-Dade Community Councils, candidates and their respective campaign staffs for any municipal elective office within Miami-Dade County; candidates and their respective campaign staffs for the Property Appraiser of Miami-Dade County; and any candidate and his or her campaign staff for elective office with a constituency in whole or in part in Miami-Dade County.

As provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C), I 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, avoided, or injured in his or her business or occupation;
- (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 hatred, contempt, or ridicule or causes said person to be shunned or avoided, or injured in his or her business or occupation;
- (c) Willfully injure, 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;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit thereof; or
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

I, MANUEL E. REYES, a candidate for the office of
please print your name
CITY OF MIAMI COMMISSION DISTRICT 4 in MIAMI - FLORIDA,
elective office sought county, municipality, or other jurisdiction

acknowledge that the Mandatory Fair Campaign Practices as provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C)(1) applies to me throughout this campaign period, regardless of when I sign this acknowledgment. I recognize as compulsory the jurisdiction of the Ethics Commission. The Ethics Commission has the authority to decide whether I have violated the Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

Manuel E. Reyes
Signature

9/19/17
Date

Candidates for county office file with the Miami-Dade County Elections Department. Candidates for municipal office file with their respective municipal clerks. For further information, please contact the Miami-Dade County Office of Governmental Affairs at 305 499-8410.

Miami Dade County Elections Dept.
2700 NW 87th Ave. *or* P.O. Box 521550
Miami, FL 33172 Miami, FL 33152-1550

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OFFICE OF THE CITY CLERK
CITY OF MIAMI



City of Miami
OFFICIAL RECEIPT

No. 485041

\$ 682.00 Sales Tax \$ - Total \$ 682.00

Date: 9/20/17

Six Hundred and Eighty two 00/100 /100 Dollars

Received from: Manuel E. Reyes

Address: 5301 SW 7 Street Miami, FL 33134

For: Qualifying - Commissioner DA Reference No: Check NO. 165

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: Sandra Forges
Department: City Clerk
Division: Elections

C FN/TM 402 Rev. 03/03

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

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES MICROPRINTED ENDORSEMENT LINES AND ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

MANOLO REYES CAMPAIGN ACCOUNT
2828 CORAL WAY, SUITE 300
MIAMI, FL 33145

U.S. CENTURY BANK
CORAL GABLES, FL 33134
63-1539/670

09/19/2017 165

CITY OF MIAMI

DATE **682.00

3 OF 3
Six Hundred Eighty-Two and 00/100*****

\$

DOLLARS

Qualifying as Candidate District 4 Manolo Reyes

AUTHORIZED SIGNATURE



HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT

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2017 SEP 20 AM 8:49

OFFICE OF THE CITY CLERK

2016 REAL ESTATE PROPERTY TAXES

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

Miami-Dade County, Florida

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

043692

FOLIO NUMBER	MUNICIPALITY	MILL CODE
01-4106-037-0091	MIAMI	0100

Mailing Address
MANUEL E REYES
SELVA REYES
5301 SW 7 ST
MIAMI, FL 33134

Property Address
5301 SW 7 ST

Exemptions: ADDL HOMESTEAD
HOMESTEAD

Paid
11/25/16

AD VALOREM TAXES

TAXING AUTHORITY	ASSESSED VALUE	MILLAGE RATE PER	\$1,000 OF TAXABLE VALUE	TAXES LEVIED
Miami-Dade School Board				
School Board Operating	159,689	7.13600	134,689	961.41
School Board Debt Service	159,689	0.18400	134,689	24.78
State and Other				
Florida Inland Navigation Dist	159,689	0.03200	109,689	3.51
South Florida Water Mgmt Dist	159,689	0.13590	109,689	14.91
Okeechobee Basin	159,689	0.14770	109,689	16.20
Everglades Construction Proj	159,689	0.04710	109,689	5.17
Childrens Trust Authority	159,689	0.50000	109,689	54.84
Miami-Dade County				
County Wide Operating	159,689	4.66690	109,689	511.91
County Wide Debt Service	159,689	0.40000	109,689	43.88
Library District	159,689	0.28400	109,689	31.15
Municipal Governing Board				
Miami Operating	159,689	7.64650	109,689	838.74
Miami Debt Service	159,689	0.64350	109,689	70.58

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	FOOTAGE/UNITS	AMOUNT
CITY OF MIAMI WASTE	380.0000	1.000	380.00

Save Time. Pay Online by E-Check or Credit Card. www.miamidade.gov

Combined taxes and assessments **\$2,957.08**

↑ RETAIN FOR YOUR RECORDS ↑

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

2015 REAL ESTATE PROPERTY TAXES

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

Miami-Dade County, Florida

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

042025

FOLIO NUMBER	MUNICIPALITY	MILL CODE
01-4106-037-0091	MIAMI	0100

Mailing Address
MANUEL E REYES
SELVA REYES
5301 SW 7 ST
MIAMI, FL 33134

Property Address
5301 SW 7 ST

Exemptions: ADDL HOMESTEAD
HOMESTEAD

AD VALOREM TAXES				
TAXING AUTHORITY	ASSESSED VALUE	MILLAGE RATE PER	\$1,000 OF TAXABLE VALUE	TAXES LEVIED
Miami-Dade School Board				
School Board Operating	158,579	7.41300	133,579	990.23
School Board Debt Service	158,579	0.19900	133,579	26.58
State and Other				
Florida Inland Navigation Dist	158,579	0.03200	108,579	3.47
South Florida Water Mgmt Dist	158,579	0.14590	108,579	15.84
Okeechobee Basin	158,579	0.15860	108,579	17.22
Everglades Construction Proj	158,579	0.05060	108,579	5.49
Childrens Trust Authority	158,579	0.50000	108,579	54.29
Miami-Dade County				
County Wide Operating	158,579	4.66690	108,579	506.73
County Wide Debt Service	158,579	0.45000	108,579	48.86
Library District	158,579	0.28400	108,579	30.84
Municipal Governing Board				
Miami Operating	158,579	7.64650	108,579	830.25
Miami Debt Service	158,579	0.68860	108,579	74.77

NON-AD VALOREM ASSESSMENTS			
LEVYING AUTHORITY	RATE	FOOTAGE/UNITS	AMOUNT
CITY OF MIAMI WASTE	380.0000	1.000	380.00

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Combined taxes and assessments **\$2,984.57**

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