

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

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

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2019 SEP 12 PM 4:53  
OFFICE OF THE CITY CLERK  
CITY OF MIAMI

MIGUEL ANGEL GABEA (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is MIGUEL ANGEL GABEA.
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 for the office of Commissioner in District Number 1 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. 545.

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

1701 N.W. S. RIVER DR. MIAMI, FL 33125

which is my legal address, and I have resided continually at said address from the 5 day of MAY, 2000 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

For the Period

NA

NA

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:

NA

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

NA 1701 N.W. S. RIVER DR.  
MIAMI, FL 33125

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

NA

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:

JAGUAR PARTS ~~ANALYST~~ SPECIALIST INC.,

LANSTA HOLDINGS LLC, GULFSTREAM JAGUAR INC.

10. Affiant's occupation: BUSINESS MAN

Affiant's business telephone number(s): 305 310 5958

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

4/1/18 TO PRESENT

(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).

NA

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.

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

1701 N.W. S. RIVER DR. MIAMI, FL 33125 305 3105915

Affiant's campaign treasurer's name:

JOSE GARCIA GONZALEZ

Affiant's campaign treasurer's address:

~~1701 N.W. S. RIVER DR.~~ 122 MINORCA AVE.  
COML GABELA

Telephone numbers: (work) 305 442-0243

(home) 305 900-8111

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:

MIGUEL ANGEL GABELA

SIGNED THIS 12<sup>th</sup> DAY OF September, 2019.

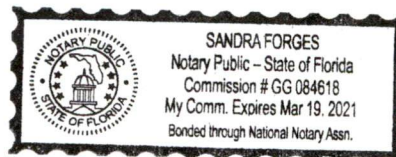
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CITY OF MIAMI

[Signature]  
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Miguel Angel Gabela, 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

## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2018

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

GABELA MIGUEL ANGEL

MAILING ADDRESS :

1701 N.W. S. RIVER DR.

MIAMI 33125 MIAMI DADE

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER DISTRICT ONE

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 APPOINTEERECEIVED  
2019 SEP 12 PM 4:53  
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, 2018

OR

☒SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 2018

## 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
JAGUAR P. S. INC.	2301 S.W. 2 AVE.	RETAIL
ZARSTA H. LLC	1701 N.W. S. RIVER DR.	HOLDINGS CO.
G. J. INC	2301 S.W. 2 AVE.	RETAIL

## 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
RENTAL P.		1780 N.W. 21TH.	RENTAL

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

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

1701 N.W. S. RIVER DR. MIAMI, FL
1111 N.W. 17 COURT MIAMI, FL
1780 N.W. 21 TERRACE MIAMI, FL

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, VEHICLE~~ NA

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

NAME OF CREDITOR

ADDRESS OF CREDITOR

BANK OF AMERICA - P.O. BOX 660312  
QUICKEN LOANS - BANK OF AM. DALLAS, TX 75266  
P.O. BOX 6577 CANAL STREET, FL 33107

**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")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

NA

NA

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

**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:



Date Signed:

9/12/19

**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:**

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

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**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.

**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, 2018.



**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

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OFFICE OF THE CITY CLERK  
CITY OF MIAMI

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, MIGUEL ANGEL GABELA

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of COMMISSIONER, 1  
(Office) (District #)

      ,       ; I am a qualified elector of MIAMI DADE County, Florida;  
(Circuit #) (Group or Seat #)

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

Candidate's Florida Voter Registration Number (located on your voter information card): 109544777

**Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

migwwel-ngel-gabela

X

Signature of Candidate

Telephone Number

Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 12<sup>th</sup>  
day of September, 20 19.

Personally Known:        or Produced Identification: ✓

Type of Identification Produced: FL Driver's License

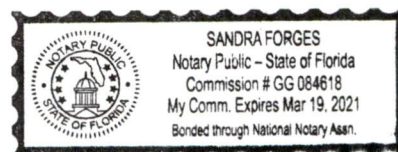
BOB 310-5958 MIKEGABELA@CHWFL.COM

1701 N.W. S. RIVER DR. MIAMI, FL

33125

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:





# LOYALTY OATH

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

I, MIGUEL A GABELA  
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]  
Signature of Candidate

## CITY OF MIAMI OATH OF CANDIDATE

OFFICE OF COMMISSIONER DISTRICT 1

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

MIGUEL ANGEL GABELA  
(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of COMMISSIONER(D1) for the City of Miami, Florida; 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 Section 99.021, 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]  
Signature of Candidate

1701 N.W. S. RIVER DR. MIAMI FL 33125  
Address City State ZIP Code

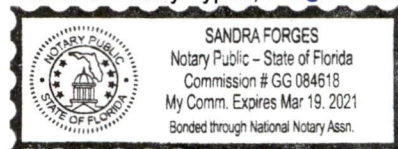
The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 12<sup>th</sup> day of September, 2019.

[Signature]  
Signature of Officer Administering Oath or Notary Public

Sandra Forges  
Name of Notary Typed, Printed or Stamped

Personally Known: \_\_\_\_\_ OR Produced Identification: ✓

Type of Identification Produced: FL Driver's License



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

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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, MIGUEL A. GABELA, a candidate for the office of  
please print your name  
COMMISSIONER DISTRICT 1 in CITY OF MIAMI,  
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.

x \_\_\_\_\_  
Signature

9/12/19  
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 87<sup>th</sup> Ave. *or* P.O. Box 521550  
Miami, FL 33172 Miami, FL 33152-1550





# Elections

2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-8683 F 305-499-8547  
TTY 305-499-8480

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OFFICE OF THE CITY CLERK  
CITY OF MIAMI

miamidade.gov

August 14, 2019

Todd B. Hannon  
City Clerk  
City of Miami  
3500 Pan American Drive  
Miami, FL 33133

Dear Mr. Hannon:

The Miami-Dade Elections Department has completed the verification of the petitions for Miguel Angel Gabela, a candidate for District 1 Commissioner of the City of Miami. A total of 403 petitions were reviewed for verification; of which 365 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

Christina White  
Supervisor of Elections

Enclosure (1)

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OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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2019 AUG 29 PM 3:11

OFFICE OF THE CITY CLERK  
CITY OF MIAMI



Elections  
2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-8683 F 305-499-8547  
TTY 305-499-8480

miamidade.gov

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CITY OF MIAMI

## CERTIFICATION

### Batch 1

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

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2019 AUG 29 PM 3:11  
OFFICE OF THE CITY CLERK  
CITY OF MIAMI

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **365** signatures submitted by **Miguel Angel Gabela** for the office of **District 1 Commissioner** for the **City of Miami** matched the signatures on the voter files.

WITNESS MY HAND  
AND OFFICIAL SEAL,  
AT MIAMI, MIAMI-DADE  
COUNTY, FLORIDA,  
ON THIS 14th DAY OF  
AUGUST, 2019

Christina White  
Supervisor of Elections



MIGUEL ANGEL GABELA  
CAMPAIGN ACCOUNT

63-8776  
2670 2

DATE

9/12/19

142

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2019 SEP 12 PM 4:53  
OFFICE OF THE CITY CLERK  
CITY OF MIAMI

PAY TO  
THE ORDER OF

CITY OF MIAMI

\$ 682.00

SIX HUNDRED EIGHTY TWO

DOLLARS

Heat  
Reactive  
Ink



Interamerican Bank FSB

1000 SOUTHWEST 57TH AVENUE  
WEST MIAMI, FLORIDA 33144

MEMO

QUALIFYING

*[Signature]*

MP

LOOK FOR FRAUD-DETECTING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.



City of Miami  
OFFICIAL RECEIPT

No. 500700

\$ 682.00 Sales Tax \$ — Total \$ 682.00

Date: 9/12/19

Six Hundred and Eighty two — xx/100 100 Dollars

Received from: Miguel Angel Gabela Campaign

Address: 1701 NW S. River Drive Miami FL 33125

For: Qualifying

Reference No: Check # 142

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: Election

C FN/TM 402 Rev. 03/03

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



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OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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 2,4,6,7 8515

AUTO \*\*CO 2583  
037324



MIGUEL GABELA  
1701 NW SOUTH RIVER DR  
MIAMI FL 33125-2762

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

FPL  
GENERAL MAIL FACILITY  
MIAMI FL 33188-0001



Account number	Total amount you owe	New charges due by	Amount enclosed
[REDACTED]	\$962.62	Sep 11 2019	\$

### Your electric statement

For: Jul 22 2019 to Aug 21 2019 (30 days)

Customer name: MIGUEL GABELA

Service address: 1701 NW SOUTH RIVER DR

Account number: [REDACTED]

Statement date: Aug 21 2019

Next meter reading: Sep 20 2019

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
514.97	0.00	0.00	514.97	447.65	\$962.62	Sep 11 2019

#### Meter reading - Meter KEL4700

Current reading 55063  
Previous reading - 51533  
kWh used 3530

#### Energy usage

	Last Year	This Year
kWh this month	3451	3530
Service days	30	30
kWh per day	115	117

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

Customer charge: \$8.28  
Fuel: \$103.91  
(First 1000 kWh at \$0.022270)  
(Over 1000 kWh at \$0.032270)  
Non-fuel: \$262.68  
(First 1000 kWh at \$0.066850)  
(Over 1000 kWh at \$0.077400)

*Paid  
9/5/19*

Amount of your last bill 514.97  
Balance before new charges \$514.97

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

Electric service amount 374.87\*\*  
Gross receipts tax 9.61  
Franchise charge 22.71  
Utility tax 32.74  
Late payment charge 7.72  
Total new charges \$447.65

**Total amount you owe \$962.62**

- Did you forget? \$514.97 of this bill is past due. If payment has been made, we thank you and apologize for this reminder.
- Payments received after **September 11, 2019** 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.
- **Don't let the summer heat up your bill.** During the summer your A/C works longer. Set your thermostat to 78 degrees to save money. Learn more at [FPL.com/SummerIsHere](http://FPL.com/SummerIsHere).
- The storm charge on your August bill was removed to reflect final payment of bonds issued during the 2004 and 2005 hurricane restoration effort. There will be a true-up on a future bill, subject to Florida Public Service Commission approval. Learn more: [FPL.com/rates](http://FPL.com/rates).

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)







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2019 SEP 17 PM 1:37

OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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

The amount enclosed includes the following donation:

FPL Care To Share \$ \_\_\_\_\_

B 2,6,7 8515 3

AUTO \*\*CO 2583

043344



MIGUEL GABELA  
1701 NW SOUTH RIVER DR  
MIAMI FL 33125-2762



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

FPL  
GENERAL MAIL FACILITY  
MIAMI FL 33188-0001

Account number	Total amount you owe	New charges due by	Amount enclosed
	\$262.58	May 11 2018	\$