

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED

2017 SEP 20 AM 11:37

OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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

Alejandro Dominguez (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Alejandro Dominguez.
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 3 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. 567.

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

521 SW 23 Road Miami, FL 33129

which is my legal address, and I have resided continually at said address from the 1st day of September 2006 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

N/A

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):

521 SW 23 Rd Miami, FL 33129

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

521 SW 23 Road Miami, FL 33129

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:

Teva Pharmaceuticals  
1090 Horsham Rd North Wales, PA 19454

10. Affiant's occupation: Pharmaceutical Sales Executive

Affiant's business telephone number(s): 786-210-2366

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

4 years + 3 months

(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:

521 SW 23 Rd Miami, FL 33129 786-210-2366

Affiant's campaign treasurer's name:

Alejandro Dominguez

Affiant's campaign treasurer's address:

521 SW 23 Rd Miami, FL 33129

Telephone numbers: (work) 786-210-2366

(home) same

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:

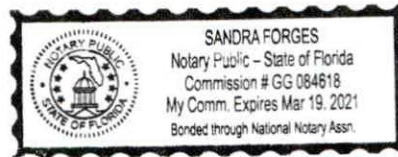
Alex Dominguez

SIGNED THIS 20<sup>th</sup> DAY OF September, 2017.

Alex Dominguez  
AFFIANT

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

Sandra Forges  
for  
CITY CLERK  
CITY OF MIAMI, FLORIDA



(SEAL)

Did take an oath

Produced identification

Type of identification produced: FL Driver License

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CITY OF MIAMI

**AFFIDAVIT OF NICKNAME**

STATE OF Florida  
COUNTY OF Miami Dade

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CITY OF MIAMI

BEFORE ME, the undersigned, personally appeared:

Alejandro Dominguez  
(write legal name of candidate)

who being first duly sworn or placed under affirmation says:

1. My legal name is: Alejandro Dominguez.  
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 3

3. My nickname is: Alex Dominguez.

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. 2013 election ballot

B. current company business card

C. current business name badge

Alejandro Dominguez  
Printed / Typed Name of Affiant

Alex Dominguez  
Signature of Affiant

Sworn to me this 20<sup>th</sup> day of September 2017.



[Signature]  
Notary Public  
Sandra Forges  
Printed Name

March 19, 2021  
My Commission Expires

Personally known  or Produced Identification

Type of Identification Produced: FL Driver License

**OFFICIAL SAMPLE BALLOT  
BOLETA OFICIAL DE MUESTRA  
ECHANTIYON BILTEN VÒT OFISYÈL**

<p align="center"><b>GENERAL AND SPECIAL MUNICIPAL ELECTIONS MIAMI, FLORIDA NOVEMBER 5, 2013</b></p>	<p align="center"><b>ELECCIONES MUNICIPALES GENERALES Y ESPECIALES MIAMI, FLORIDA 5 DE NOVIEMBRE DEL 2013</b></p>	<p align="center"><b>ELEKSYON MINISIPAL JENERAL AK ESPESYAL MIAMI, FLORID 5 NOVANNM 2013</b></p>
<p>TO VOTE, COMPLETELY FILL IN THE OVAL ● NEXT TO YOUR CHOICE. If you make a mistake, review the instructions provided to correct your ballot.</p>	<p>PARA VOTAR, LLENE COMPLETAMENTE EL ÓVALO ● JUNTO A SU SELECCIÓN. Si se equivoca, lea las instrucciones que se le dan para corregir su boleta.</p>	<p>POU VOTE, RANPLI ANEDAN OVAL LAN NÈT ● AKOTE SA W CHWAZI AN. Si w fè yon erè, revize enstriksyon yo sou kouman pou korije bilten vòt w an.</p>

**CITYWIDE  
PARA TODA LA CIUDAD  
TOUT VIL LA**

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

  
10/8/13

- Williams A. Armbrister 70
- Tom Baumann 71
- Jeff Benjamin 72
- Tomas P. Regalado 73

**DISTRICT WIDE  
PARA TODO EL DISTRITO  
TOUT DISTRIK LA**

**COMMISSIONER – DISTRICT 3  
COMISIONADO – DISTRITO 3  
KOMISYONÈ – DISTRIK 3**  
(Vote for One)  
(Vote por uno)  
(Vote pou youn)

- Frank Carollo 74
- Alex Dominguez 75

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**Alex Dominguez**  
Senior Sales Specialist  
Teva Respiratory  
41 Moores Road  
Frazer, PA 19355  
Cell 786.210.2366  
Alex.dominguez@tevapharm.com

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# Alex Dominguez

**ProAir®  
RespiClick**  
(albuterol sulfate)  
Inhalation Powder

**Qnasl.**  
(beclomethasone  
dipropionate)  
Nasal Aerosol

**QVAR®**  
(beclomethasone dipropionate HFA)  
INHALATION AEROSOL

**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 :

Dominguez Alejandro Raul

MAILING ADDRESS

521 SW 23 Road

Miami, FL 33129 Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City of Miami Commissioner District 3

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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\*\*\*\* **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
Teva Pharmaceuticals	1090 Horsham Rd North Wales, PA 19454	Pharmaceutical Sales

**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
South Florida Properties	Real Estate Sales	3191 Coral Way # 624 Miami, FL 33145	Real Estate Sales

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

521 SW 23 Rd Miami, FL 33129

**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
401K/Florida 529 Plan	Fidelity/Florida Prepaid Plan
IRA/Cash & Savings Acct	Ameritrade/Citibank

**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 New York	1221 Brickell Ave #1140 Miami, FL 33131

**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	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		

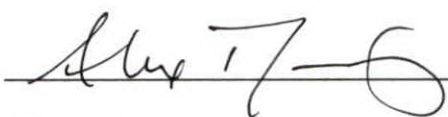
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 CITY OF MIAMI

**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: \_\_\_\_\_  


Date Signed: \_\_\_\_\_  
 9/8/17

**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:**

<p><b>WHAT TO FILE:</b></p> <p>After completing all parts of this form, <b>including signing and dating it</b>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p><b>NOTE:</b>  <b>MULTIPLE FILING UNNECESSARY:</b>        A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p><b><u>Facsimiles will not be accepted.</u></b></p>	<p><b>WHERE TO FILE:</b></p> <p>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.</p> <p><b>Local officers/employees</b> 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.)</p> <p><b>State officers or specified state employees</b> 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.</p> <p><b>Candidates</b> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p><b>WHEN TO FILE:</b></p> <p><b>Initially</b>, each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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.</p> <p><b>Candidates</b> must file at the same time they file their qualifying papers.</p> <p><b>Thereafter</b>, file by July 1 following each calendar year in which they hold their positions.</p> <p><b>Finally</b>, 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 <b>not</b> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.</p>
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**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

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CITY OF MIAMI

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Alex Dominguez  
(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 City of Miami Commissioner, 3  
(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.

X [Signature] (786) 210-2366 alexdominguez87@gmail.com  
Signature of Candidate Telephone Number Email Address

521 SW 23 Rd Miami Florida 33129  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109909448

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

A-lex Do-Min-Bez

STATE OF FLORIDA  
COUNTY OF Miami-Dade

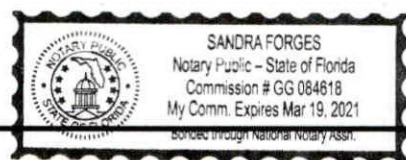
Sworn to (or affirmed) and subscribed before me this 20<sup>th</sup> day of September, 2017.

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

Produced Identification: ✓

Type of Identification Produced: FL Driver License

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



**LOYALTY OATH**

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

I, Alejandro Raul Dominguez  
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.

Alex 17  
Signature of Candidate

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CITY OF MIAMI

**CITY OF MIAMI OATH OF CANDIDATE  
OFFICE OF CITY OF MIAMI COMMISSIONER**

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

Alejandro Dominguez  
(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of **City of Miami Commissioner, District 3**, 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.

Alex 17  
Signature of Candidate

521 SW 23 Road Miami Florida 33129  
Address City State ZIP Code

The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me this 20<sup>th</sup> day of September, 2017.

[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 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, Alejandro Dominguez, a candidate for the office of  
please print your name  
City of Miami Commissioner District 3 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.

x   
Signature

9/20/17  
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 87<sup>th</sup> Ave. or P.O. Box 521550  
Miami, FL 33172  Miami, FL 33152-1550

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CITY OF MIAMI


ALEJANDRO DOMINGUEZ CAMPAIGN  
ACCOUNT INC.  
521 SW 23RD RD.  
MIAMI, FL 33129-1927

63-8655  
2660 43

143

Date 9/20/17

Pay to the order of City of Miami \$ 682.00

Six hundred eighty two — Dollars  Security Features  
Include:  
Olefin on Back

**citibank**

CITIBANK, N.A. BR. #43  
1600 CORAL WAY  
MIAMI, FL 33145

Memo

*Alex 17*



City of Miami  
**OFFICIAL RECEIPT**

No. 485042

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

Date: 9/20/17

Six Hundred and Eighty two —<sup>00</sup>/<sub>100</sub> /100 Dollars

Received from: Alejandro Dominguez

Address: 521 SW 23rd RD. Miami, FL 33129

For: Qualifying-Commissioner D3 Reference No: Check NO. 143

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



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 8517 2



ALEJANDRO R DOMINGUEZ  
521 SW 23RD RD  
MIAMI FL 33129-1927

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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Budget Offer	Account number	Total amount you owe	New charges due by	Amount enclosed
	[REDACTED]	\$337.20	Sep 14 2017	\$

### Your electric statement

For: Jul 25 2017 to Aug 24 2017 (30 days)

Customer name: ALEJANDRO R DOMINGUEZ  
Service address: 521 SW 23RD RD

Account number: [REDACTED]

Statement date: Aug 24 2017  
Next meter reading: Sep 25 2017

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
318.65	318.65 CR	0.00	0.00	337.20	\$337.20	Sep 14 2017

#### Meter reading - Meter ACD1267

Current reading 61820  
Previous reading - 59150  
kWh used 2670

#### Energy usage

	Last Year	This Year
kWh this month	2342	2670
Service days	31	30
kWh per day	76	89

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

Customer charge: \$7.87  
Fuel: \$83.21  
(First 1000 kWh at \$0.024910)  
(Over 1000 kWh at \$0.034910)  
Non-fuel: \$192.79  
(First 1000 kWh at \$0.065950)  
(Over 1000 kWh at \$0.075950)

**Enroll now in FPL Budget Billing by paying \$242.72 in 1 payment by the due date instead of \$337.20. Your bill will be about the same each month & stabilized year-round. Learn more at FPL.com/bb**

Amount of your last bill 318.65  
Payment received - Thank you 318.65 CR  
Balance before new charges \$0.00

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

Electric service amount 283.87\*\*  
Storm charge 3.53  
Gross receipts tax 7.37  
Franchise charge 17.69  
Utility tax 24.74  
Total new charges \$337.20

**Total amount you owe \$337.20**

- Payments received after **September 14, 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](http://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](http://www.FPL.com)



**Alejandro R Dominguez**

## Billing &amp; Payment History

Account Number: [REDACTED] Service Address: 521 SW 23RD RD

Total Balance: **\$0.00**, As of Sep 4, 2017

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DESCRIPTION	CHARGES/CREDITS	BALANCE
Sep 5, 2017 Budget Bill Deferred Adjustment	-\$94.48	\$0.00
Sep 4, 2017 Payment	-\$242.72	\$94.48
Aug 24, 2017      Service Days: 30 Electric Bill	\$337.20	\$337.20
Aug 5, 2017 Payment	-\$318.65	\$0.00
Jul 25, 2017      Service Days: 29 Electric Bill	\$318.65	\$318.65
Jul 12, 2017 Payment	-\$342.71	\$0.00
Jun 26, 2017      Service Days: 33 Electric Bill	\$342.71	\$342.71
Jun 9, 2017 Payment	-\$306.22	\$0.00

<b>May 24, 2017</b>	<b>Service Days: 30</b>		
Electric Bill		\$306.22	\$306.22
<b>May 4, 2017</b>			
Payment		-\$282.75	\$0.00
<b>Apr 24, 2017</b>	<b>Service Days: 32</b>		
Electric Bill		\$282.75	\$282.75
<b>Apr 9, 2017</b>			
Payment		-\$194.90	\$0.00
<b>Mar 23, 2017</b>	<b>Service Days: 29</b>		
Electric Bill		\$194.90	\$194.90
<b>Mar 9, 2017</b>			
Payment		-\$160.28	\$0.00
<b>Feb 22, 2017</b>	<b>Service Days: 28</b>		
Electric Bill		\$160.28	\$160.28
<b>Feb 8, 2017</b>			
Payment		-\$201.98	\$0.00
<b>Jan 25, 2017</b>	<b>Service Days: 34</b>		
Electric Bill		\$201.98	\$201.98
<b>Jan 7, 2017</b>			
Payment		-\$180.53	\$0.00
<b>Dec 22, 2016</b>	<b>Service Days: 30</b>		
Electric Bill		\$180.53	\$180.53

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Dec 13, 2016 Payment		-\$125.91	\$0.00
Nov 22, 2016 Electric Bill	Service Days: 28	\$125.91	\$125.91
Oct 28, 2016 Payment		-\$197.64	\$0.00
Oct 25, 2016 Electric Bill	Service Days: 29	\$197.64	\$197.64
Oct 9, 2016 Payment		-\$263.91	\$0.00
Sep 26, 2016 Electric Bill	Service Days: 32	\$263.91	\$263.91
Sep 11, 2016 Payment		-\$267.57	\$0.00
Aug 25, 2016 Electric Bill	Service Days: 31	\$267.57	\$267.57
Aug 7, 2016 Payment		-\$302.19	\$0.00
Jul 25, 2016 Electric Bill	Service Days: 32	\$302.19	\$302.19
Jul 7, 2016 Payment		-\$237.03	\$0.00

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**Disclaimer**

Pending payments, unapplied credits, Assist Commitments, and any special billing conditions will not be deducted from any specific debit until it has been applied to the account. Please note that payments are posted to the oldest debits first and may satisfy any payment arrangements you may have before the date indicated.

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