Erika Gonzalez-Santamaria

From: Erika Gonzalez-Santamaria
Sent: Thursday, February 23, 2023 9:29 AM
To: Orlando Lamas
Subject: Ballot Number for April 4, 2023

Good morning,

Your Ballot Number for the election is #50.

Thank you!

Erika Gonzalez-Santamaria, MMC, City Clerk
Office of the City Clerk
City of Miami Springs
201 Westward Drive
Miami Springs, Florida 33166
E: gonzaleze@miamisprings-fl.gov
T: (305) 805-5006
www.miamisprings-fl.gov

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

Elections
2700 NW 87th Avenue
Miami, Florida 33172

miamidade.gov

February 8th, 2023

Erika Gonzalez, MMC, City Clerk
City of Miami Springs
201 Westward Drive
Miami Springs, FL 33166

Dear Ms. Gonzalez:

The Miami-Dade Elections Department has completed the verification of Batch 2 of the petitions for Orlando Lamas a candidate for City Council, Group I for the City of Miami Springs. A total of 13 petitions were reviewed for verification; of which 10 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)

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

CITY OF MIAMI SPRINGS

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: CARLOS BUS
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	CITY COUNCIL GP. I

	PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
1	ROBERT A. BEST Date / Fecha: JAN 25 OF 23	1216 IBIS AVENUE MIAMI SPRINGS FL.	12-31-52	
2	KRISTAN N. BEST Date / Fecha: 1-25-23	1216 IBIS AVE. MIAMI SPRINGS	5-30-90	
3	Emma Best Date / Fecha: 1-25-23	1216 IBIS AVE Miami Springs FLA.	9-12-91	
4	Henry Lleb Date / Fecha: 01-25-23	412 LARK AVE MIAMI SP. FL	8-12-46	
5	Ralph Knopp Date / Fecha: 01-25-23	MIA SPR FL MORELIA BIVD Ave	9-9-55	
6	Yesenia Del Busto Date / Fecha: 1-25-23	200 Azure Way 209 33166	1-15-75	
7	Glisel Alcazar Date / Fecha: 1-25-23	200 Azure Way 209 33166	12-31-75	
8	Brenda Hernandez Date / Fecha: 1-30-23	313 Cherokee ST M. Springs FL 33166	9-18-73	
9	Lazaro Quintana Date / Fecha: 1-30-23	313 Cherokee ST M. Springs FL 33166	9-27-68	

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing _____ signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	**Address: Dirección:** 951 SUSAN AVE. MIAMI SPRINGS, FL 33166

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: X A quien conozco personalmente:	or Provided Identification: o Quien produjo Identificacion:
Notary Public: NAS Notario Público:	Date: 2/10/23 Fecha:
Print/Letra de Molde: Nathalie Salinas	My commission expires: 2/17/26 Mi comisión expira:

NATHALIE GABRIELA SALINAS CACERES
Notary Public - State of Florida
Commission # HH 230194
My Comm. Expires Feb 17, 2026
Bonded through National Notary Assn.

RECEIVED BY
CITY CLERK'S OFFICE: Date: 2/6/2023 Time: 2:15pm By: EG.

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

CITY OF MIAMI SPRINGS
2023 FEB 6 PM 2:09
CITY OF MIA
2023 FEB -6

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: ORLANDO LARAS
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	MIAMI SPRINGS CITY COUNCIL GROUP 1

	PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION = FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
(10)	1/30/2023 Oliver Pacheco	631 Oriole Ave. Miami, FL 33166	01/21/79	
(11)	1-29-23 Tomas Martinez	349 DeLeon Dr. Miami, FL 33166	02/02/55	
(12)	01/30/23 A Del Rosario	425 Minola Drive. Miami Springs, FL 33166	11/27/97	
(13)	Ruth M. Gonzalez 01/30/23	431 N. Melrose Dr. Miami Springs FL 33166	06-10-64	Ruth M. Gonzalez
(14)	Alejandro Gonzalez 1/30/2023	431 N. Melrose Dr. Miami Springs FL 33166	08/27/93	
(15)	Samuel Hernandez 1/30/2023	769 Pinecrest Dr. Miami Springs FL 33166	12/28/92	
(16)	Nataly Gonzalez 1/30/2023	431 N Melrose Dr Miami Springs FL 33166	09/10/1998	Nataly G

Date / Fecha:

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing _____ signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	**Address: Dirección:** 951 Swan Ave. Miami Springs, FL 33166

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: X	or Provided Identification: o Quien Produce Identificación:
Notary Public: Notario Público: NAS	Date: 02/06/23 Fecha:
Print/Letra de Molde: Nathalie Salinas	My commission expires: 03/17/26 Mi comisión expira:

NATHALIE GABRIELA SALINAS CACERES
Notary Public - State of Florida
Commission # HH 230194
My Comm. Expires Feb 17, 2026
Bonded through National Notary Assn.

RECEIVED BY CITY CLERK'S OFFICE: Date: 2/6/2023 Time: 2:15 pm By: EG

Orlando Lamas Miami Springs Campaign 2023

	Name	Address			Voter Registration Number
1	Robert Best	1216 Ibis Avenue	Miami Springs, FL	33166	109306078
2	Kristan Best	1216 Ibis Avenue	Miami Springs, FL	33166	116479166
3	Emma Best	1216 Ibis Avenue	Miami Springs, FL	33166	118288427
4	Henry Webb	412 Lark Ave	MIami Springs, FL	33166	110258208
5	Ralph Kropp	1010 Redbird Ave	Miami Springs, FL	33166	109293570
6	Yesenia Del Busto	200 Azure Way #209	Miami Springs, FL	33166	109483784
7	Glisel Alcazar	200 Azure Way #209	Miami Springs, FL	33166	110018490
8	Brenda Hernandez	212 Cherokee St	Miami Springs, FL	33166	115828982
9	Lazaro Quintana	212 Cherokee St	Miami Springs, FL	33166	115831131
10	Oliver Pacheco	631 Oriole Ave	Miami Springs, FL	33166	123783948
11	Tomas Martinez	349 De Leon Dr	Miami Springs, FL	33166	128979598
12	A Del Rosario	425 Minola Dr	Miami Springs, FL	33166	
13	Ruth Gonzalez	431 N. Melrose Dr	Miami Springs, FL	33166	109586571
14	Alejandro Gonzalez	431 N. Melrose Dr	Miami Springs, FL	33166	
15	Samuel Hernandez	769 Pinecrest Dr	Miami Springs, FL	33166	118100357
16	Nataly Gonzalez	431 N. Melrose Dr	Miami Springs, FL	33166	123179345

CITY OF MIAMI SPRINGS

2023 FEB -6 PM 2:10

ORLANDO LAMAS CAMPAIGN. SEAT 1
951 SWAN AVE
MIAMI SPRINGS, FL 33166.
786.295.1045

63-9138/2631

98

DATE 01.05.23

PAY TO THE ORDER OF CITY OF MIAMI SPRINGS $ 85.00

EIGHTY-FIVE 00/xx DOLLARS

Security Features Included. Details on Back.

TRUIST

MEMO CAMPAIGN/CANDIDATE QUALIFICATION

MP

⑆263191387⑆ 11000244217 57⑈ 00098

© DELUXE WALLET OR DUPLICATE

SPECIALTY BLUE

Elections
2700 NW 87th Avenue
Miami, Florida 33172

miamidade.gov

February 2, 2023

Erika Gonzalez, MMC, City Clerk
City of Miami Springs
201 Westward Drive
Miami Springs, FL 33166

Dear Ms. Gonzalez:

The Miami-Dade Elections Department has completed the verification of Batch 1 of the petitions for Orlando Lamas a candidate for City Council, Group I for the City of Miami Springs. A total of 60 petitions were reviewed for verification; of which 49 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)

Notified - 2/2/2023

Elections
2700 NW 87th Avenue
Miami, Florida 33172

miamidade.gov

CERTIFICATION
Batch 1

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **49** signatures submitted by **Orlando Lamas** for the office of **City Council, Group I** for the **City of Miami Springs** matched the signatures on the voter files.

WITNESS MY HAND AND OFFICIAL SEAL, AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, ON THIS 2nd DAY OF FEBRUARY, 2023

Christina White
Supervisor of Elections

MIAMI-DADE COUNTY

OFFICIAL RECEIPT

MIAMI-DADE COUNTY–FLORIDA

No. 8053552

RECEIVED FROM Orlando Lamas

DATE 02 / 01 / 2023 (MONTH / DAY / YEAR)

ADDRESS 721 Wetland Dr. (STREET ADDRESS)

Miami Springs (CITY) FL (STATE) 33166 (ZIP)

CASH $ 6.00

CHECKS $.

TOTAL $ 6.00

AMOUNT OF: Six DOLLARS, AND 00 CENTS

FOR PAYMENT OF: Signature verification - Candidate Petition

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

DEPT.: Voter Services BY: Yamilet Valeon

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBOBJECT	AMOUNT

107.01-1 6/04

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

CITY OF MIAMI SPRINGS
2023 JAN 31 PM 3:13

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: ORLANDO LAMAS
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	CITY COUNCIL GRP 2

	PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION = FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
1	Albert Justo Date / Fecha: 1/28/23	230 Hunting Lodge	12/19/74	
2	JESSICA OZORES Date / Fecha: 1/28/2023	24 Euclid Drive	1/26/77	
3	Oscar Mendez Date / Fecha: 1/28/2023	24 Euclid Drive	7/12/79	
4	ANISSA PARKS Date / Fecha: 1/28/2023	236 APACHE ST	03/02/98	
5	RALPH NUNEZ Date / Fecha: 1/28/2023	381 Swallow Dr	12/15/67	
6	Raquel Chaviano Date / Fecha: 1/28/23	332 Pine Ct.	1-17-1974	
7	David Mora Date / Fecha: 1/28/2023	332 Pine Ct.	2-16-1971	
8	Judith Abrams Date / Fecha: 1/30/23	971 Swan Ave Miami Springs FL. 33166	5/20/62	
9	Evaristo Varona Date / Fecha: 1/30/2023	971 Swan ave Miami Spring,	10/26/1966	
10	Mirella Martinez Pacheco Date / Fecha: 1/30/2023	631 Oriole Ave. Miami, FL 33166	6/29/82	

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing _____ signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ **Firma del Distribuidor:**	**Address:** **Dirección:** 951 SWAN AVE. MIAMI SPRINGS, FL.

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: X	or Provided Identification: o Quien Produjo Identificación:
Notary Public: NTS Notario Público:	Date: 01/31/23 Fecha:
Print/Letra de Molde: Nathalie Salinas	My commission expires: Feb 17, 2026 Mi comisión expira:

NATHALIE GABRIELA SALINAS CACERES
Notary Public - State of Florida
Commission # HH 230194
My Comm. Expires Feb 17, 2026
Bonded through National Notary Assn.

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/31/23 Time: 3:13 By: Sandra Duarte

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: ORLANDO VILLAMIL
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	CITY COUNCIL SEP. 1

	PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION = FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
(11)	Claudia R. Date / Fecha: 01-29-23	501 S Royal Poinciana Blvd. Mia. Springs	12-08-70	
(12)	Nathalie Ordonez Date / Fecha: 01/29/23	501 S Royal Poinciana Blvd	11-20-2000	
(13)	Heberto Matamoros Date / Fecha: 1/29/23	1535 SW 119th Ct Miami, FL 33184	12/30/67	
(14)	Pedro Gutierrez Date / Fecha: 1.29.23	186 Apache Street Miami Springs 33166	08/11/55	
(15)	Isis Ortiz Date / Fecha: 1.29.23	170 Sunset Way Mia Springs	11/07/55	
(16)	Julio Arencibia Date / Fecha: 1/29/23	296 Lenape Dr. Miamia Springs 33166	07/24/73	
(17)	Tricia Arencibia Date / Fecha: 1/29/2023	296 Lenape Drive Miami Springs, FL 33166	08/23/74	
(18)	Raul Pestoni Date / Fecha: 1/29/23	960 Falcon Ave Miami Springs FL 33166	1/28/1976	
(19)	Madelin Loredo Date / Fecha: 1/29/23	960 Falcon Ave Miami Springs, FL 33166	4/23/1975	
(20)	Norma Gomez Date / Fecha: 1/29/23	960 Falcon Ave Miami Springs FL 33166	7/11/1952	

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing _____ signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	**Address: Dirección:** 951 Swan Ave. Miami Springs, FL 33166

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: X	or Provided Identification: o Quien Produce Identificación:
Notary Public: Notario Público: NTS	NATHALIE GABRIELA SALINAS CACERES Notary Public - State of Florida Commission # HH 230194 My Comm. Expires Feb 17, 2026 Bonded through National Notary Assn.
Print/Letra de Molde: Nathalie Salinas	Date: 01/31/23 Fecha: My commission expires: 02/17/26 Mi comisión expira:

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/31/23 Time: 3:13 By: Sandra Duarte

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

CITY OF MIAMI SPRINGS
2023 JAN 31 PM 3:13

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: ORLANDO LAMAS
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	CITY COUNCIL GROUP 1

	PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
21	Jose A. Limardo Date / Fecha: 01/10/23	140 Navajo	09/28/68	
22	Marisol Limardo Date / Fecha: 01/10/23	140 Navajo	09/10/74	
23	Angel Limardo Date / Fecha: 01/10/23	140 Navajo	02/02/00	
24	Julieta Limardo Date / Fecha: 01/10/23	140 Navajo	03/21/01	
25	Mateo Limardo Date / Fecha: 01/10/23	140 Navajo	01/26/04	
26	Juan Pablo Diaz Date / Fecha: 01/13/23	461 N. Melrose Dr	06/19/1972	
27	Dorise Diaz Date / Fecha: 01/13/23	461 N. Melrose Dr	8/12/72	
28	Rita Caballero Date / Fecha: 01/14/2023	141 Navajo St	8/10/74	
29	Ernesto Caballero Date / Fecha: 01/14/2023	141 Navajo St.	1/2/1969	
30	Ruben Gonzalez Date / Fecha: 01/18/23	431 N. Melrose Dr.	2/23/1966	

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing _____ signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: Jose Limardo	**Address: Dirección:** 140 Navajo street

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: X	or Provided Identification: o Quien Provisto Identificación:
Notary Public: NAS Notario Público:	Date: 01/31/23 Fecha:
Print/Letra de Molde: Nathalie Salinas	My commission expires: 02/17/26 Mi comisión expira:

NATHALIE GABRIELA SALINAS CACERES
Notary Public - State of Florida
Commission # HH 230194
My Comm. Expires Feb 17, 2026
Bonded through National Notary Assn.

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/31/23 Time: 3:13 By: Sandra Orate

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: ORLANDO LAMAS CITY OF MIAMI SPRINGS 2023 JAN 31 PM 3:13
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	CITY COUNCIL GRP 2

	PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
31	Jorge L Cabl Date / Fecha: 1/27/2023	1015 Dove Ave Miami Springs FL 33166	5/16/1973	
32	Kimberly Cabl Date / Fecha: 1/27/23	1015 DOVE AVE	5/19/74	
33	Elvis Chomery Date / Fecha: 1/27/23	961 Swan ave.	11/11/83	
34	Carol Huber Date / Fecha: 1/27/23	1268 Dove Ave.	9/21/63	
35	Silvia M Pérez Date / Fecha: 12-27-23	414 Swan Ave	2/21/68	
36	Michael Magdalano Date / Fecha: 12-27-23	931 Swan Ave	07/27/84	
37	Katzel Camargo Date / Fecha: 1/27/23	931 swan ave	2/2/1989	
38	Suzanne Medina 1-27-23 Date / Fecha:	209 Chippewa St	1-16-60	Suzanne Medina
39	Albin Medina 1-27-23 Date / Fecha:	209 Chippewa St	1/26/62	
40	Mercedes Medina Date / Fecha: 1-27-23	941 Swan Ave.	5/26/67	Mercedes Medina

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing _____ signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	**Address: Dirección:** 951 SWAN AVE MIAMI SPRINGS, FL.

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: X A quien conozco personalmente:	or Provided Identification: o Quien Predujo Identificación:	
Notary Public: NJS Notario Público:	NATHALIE GABRIELA SALINAS CACERES Notary Public - State of Florida Commission # HH 230194 My Comm. Expires Feb 17, 2026 Bonded through National Notary Assn.	Date: 01/31/23 Fecha:
Print/Letra de Molde: Nathaliecalinas		My commission expires: 02/17/26 Mi comisión expira:

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/31/23 Time: 3:13 By: Sandra Duarte

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

CITY OF MIAMI SPRINGS
2023 JAN 31 PM 3:13

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: ORLANDO LAMAS
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	CITY COUNCIL GROUP 1

	PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
41	ORLANDO LAMAS. Date / Fecha: 1/10/23	951 SWAN AVE. MIAMI SPRINGS, FL	8/30/75	
42	Arianna Lamas Date / Fecha: 1/10/23	951 Swan Ave Miami Springs, FL	12/31/75	
43	JACKY BRAW Date / Fecha: 1/10/23	1161 Ibis Ave Miami Springs, FL	3/31/83	
44	Maria Mitchell Date / Fecha: 1-23-23	830 Bluebird Ave	12/10/55	
45	ROBERT A. BEST Date / Fecha: JAN 23 '23	1216 IBIS AV. MIAMI SPRGS FL.	12/31/52	
46	KRISTAN BEST Date / Fecha: 1-23-23	1216 IBIS AVE. MIA SPRINGS	05/30/90	
47	Simmo Best Date / Fecha: 1-23-23	1216 Ibis Avenue M. S. FLORIDA	09-12-91	
48	Javier Garcia Date / Fecha: 1/27/23	296 Apache St. Miami FL 33166	8/31/76	
49	Daniela Garcia Date / Fecha: 1/27/2023	296 Apache Street Miami Fl 33166	12/9/1982	
50	Danny Regalado Date / Fecha: 1/27/23	1016 Bosq Point Rd M.S., FL 33166	11/3/74	

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing _____ signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	**Address: Dirección:** 951 SWAN AVE. MIAMI SPRINGS, FL.

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: X A quien conozco personalmente:	or Provided Identification: o Presentó Identificación:
Notary Public: NS Notario Público:	Date: 01/31/23 Fecha:
Print/Letra de Molde: Nathalie Salinas	My commission expires: 02/17/26 Mi comisión expira:

NATHALIE GABRIELA SALINAS CACERES
Notary Public - State of Florida
Commission # HH 230194
My Comm. Expires Feb 17, 2026
Bonded through National Notary Assn.

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/31/23 Time: 3:13 By: Sandra Duarte

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

CITY OF MIAMI SPRINGS
2023 JAN 31 PM 3:13

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: ORLANDO LAMAS
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	CITY COUNCIL GRP 1

	PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
(51)	Mariela Marayo Date / Fecha: 1/20/23	600 De Leon Dr. Miami Springs FL 33166	7/13/70	
(52)	Annia Karlick Date / Fecha: 1/20/23	701 Cherokee St. Miami Sp. FL 33166	7/13/72	
(53)	Arthur Karlick Date / Fecha: 1/21/23	701 Cherokee St Miami Sp FL 33166	6/7/71	
(54)	Francisco Cruz Date / Fecha: 1/21/23	936 Raven avenue	10/11/2000	
(55)	Fernando Sosa Date / Fecha: 1/29/23	290 Pinecrest DR	06/05/63 6/1/63	
(56)	Eric de la Cruz Date / Fecha: 01/29/2023	871 Swan Avenue Miami Springs FL 33166	11/06/1991	
(57)	Silvio Rodriguez Date / Fecha: 1/29/2023	994 N. Royal Poinciana Blvd M.S.	12/20/1954	
(58)	Steven DeRenzo Date / Fecha: 1/29/2023	65 Palmetto Dr. M.S., FL 33166	8/28/69	
(59)	Esmaldo Gonzalez 1-29-23 Date / Fecha:	501 S. Royal Poinciana Blvd Apt 6 Miami Springs 33166	8/09-68	
(60)	Lourdes Blanco 1/29/2023 Date / Fecha:	474 Swan ave. Miami Springs, FL 33166	7/28/62	

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing _____ signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ **Firma del Distribuidor:**	**Address:** **Dirección:** 951 SWAN AVE. MIAMI SPRINGS, FL

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: X	or Provided Identification: O quien Produjo Identificacion:
Notary Public: NAS Notario Público:	Date: 01/31/23 Fecha:
Print/Letra de Molde: Nathalie Salinas	My commission expires: 02/17/26 Mi comisión expira:

NATHALIE GABRIELA SALINAS CACERES
Notary Public - State of Florida
Commission # HH 230194
My Comm. Expires Feb 17, 2026
Bonded through National Notary Assn.

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/31/23 Time: 3:13 By: Sandra Pirolte

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023
CANDIDATE NOMINATION PETITION
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: **NOSOTROS,** los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate/Nombre del Candidato: ORLANDO CITY OF MIAMI SPRINGS 2023 JAN 31 PM 3:13
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA	
for the office of: para el cargo de:	MIAMI SPRINGS COUNCIL GRP #1

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
(61) Rafael Orelle Jr. Date / Fecha: 1/29/23	321 Deer Run Miami Springs, FL 33166	04/10/1973	
(62) Felix Gonzalez Date / Fecha: 1/31/23	116 Palmetto Dr	04/13/1957	
(63) Miriam Fuster Date / Fecha: 1-31-23	298 Westward Drive Miami FL 33166	08/15/1960	
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing _____ signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene_____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ **Firma del Distribuidor:**	**Address:** **Dirección:** 951 SWAN AVE. MIAMI SPRINGS, FL.

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: X	or Provided Identification: O Quien Produjo Identificación:	
Notary Public: NGS Notario Público:	NATHALIE GABRIELA SALINAS CACERES Notary Public - State of Florida Commission # HH 230194 My Comm. Expires Feb 17, 2026 Bonded through National Notary Assn.	Date: 01/31/23 Fecha:
Print/Letra de Molde: Nathaliesalinas		My commission expires: 02/17/26 Mi comisión expira:

RECEIVED BY
CITY CLERK'S OFFICE: Date: 1/31/23 Time: 3:13 By: Sandra Duarte

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2022

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

FOR OFFICE USE ONLY:

CITY OF MIAMI SPRINGS
2023 JAN 31 PM 3:14

LAST NAME -- FIRST NAME -- MIDDLE NAME :
LAMAS, ORLANDO

MAILING ADDRESS :
951 SWAN AVE

CITY : MIAMI SPRINGS, ZIP : FL 33166 COUNTY : MIAMI DADE

NAME OF AGENCY :
MIAMI SPRINGS COUNCIL GRP. 1

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

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
STUDIO LAMAS ARCHITECTS	14006 NW 82 AVE MIAMI, FL	ARCHITECTURE
THREE COUNTY CONST.	14006 NW 82 AVE MIAMI, FL	CONSTRUCTION
THE BEND HOSPITALITY	6844 NW 169 ST. MIAMI, FL	HOSPITALITY.
SLOE DIMES HOSP.	6844 NW 169 ST MIAMI, FL	HOSPITALITY.

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			
SWAN AVE. INV.	THE BEND & SLOEDIMES	951 SWAN AVE	CONSULTING.

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

951 SWAN AVE MIAMI SPRINGS, FL 33166
144 SWAN AVE MIAMI SPRINGS, FL 33166

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

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.

(Continued on reverse side)

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
STOCKS	VARIED - T.D. AMERITRADE

CITY OF MIAMI SPRINGS

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

2023 JAN 31 PM 3:14

NAME OF CREDITOR	ADDRESS OF CREDITOR
AMERICAN BANCSHARES	14261 COMMERCE WAY, UNIT #100
	MIAMI LAKES, FL

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	STUDIO LAMAS ARCHITECTS / THREE COUNTY	THE BOND / SLOE DIMES.
ADDRESS OF BUSINESS ENTITY	14006 NW 82 AVE.	6844 NW 169 ST.
PRINCIPAL BUSINESS ACTIVITY	DESIGN + BUILD	HOSPITALITY
POSITION HELD WITH ENTITY	~~PR~~ SOLE OWNER	OWNER - PARTNER.
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES
NATURE OF MY OWNERSHIP INTEREST	MANAGER	MANAGER

PART G — TRAINING For **elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency** created under Part III, Chapter 163 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: 1/31/23

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. 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, 2022.

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

CITY OF MIAMI SPRINGS
2022 AUG 23 AM 10: 23

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):
☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. **Name of Candidate** (in this order: First, Middle, Last)
Orlando Lamas

3. Address (include post office box or street, city, state, zip code)
951 Swan Ave Miami Springs, FL 33166

4. Telephone
(786) 2951045

5. E-mail address
orlandolamas@gmail.com

6. **Office sought** (include district, circuit, group number)
Miami Springs City Council - Group 1

7. **If a candidate for a nonpartisan office, check if applicable:**
☐ My intent is to run as a Write-In candidate.

8. **If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a
☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

9. **I have appointed the following person to act as my** ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Orlando Lamas

11. Mailing Address
951 Swan Ave

12. Telephone
(786) 295.1045

13. City
Miami Springs

14. County
Miami-Dade

15. State
FL

16. Zip Code
33166

17. E-mail address
orlandolamas@gmail.com

18. **I have designated the following bank as my** ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank
Truist Bank

20. Address
69 Westward Dr.

21. City
Miami Springs

22. County
Miami-Dade

23. State
FL

24. Zip Code
33166

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date
08/22/2022

26. Signature of Candidate
X

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Orlando Lamas, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer. ☐ Deputy Treasurer.

08/22/2022 X
Date Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
CITY OF MIAMI SPRINGS
2022 AUG 23 AM 10: 28

I, ORLANDO LAMAS,

candidate for the office of MIAMI SPRINGS COUNCIL SEAT, GROUP 1;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X _____ 08.23.22.

Signature of Candidate — Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to $1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

AFFIDAVIT OF RESIDENCY

I, Orlando Lamas, hereby file this Affidavit of Residency this 18th day of August, 2022. I reside at 951 Swan Ave., Miami Springs, Florida, do hereby swear (or affirm) that I have resided in the City of Miami Springs for a minimum of six (6) months continuously, prior to the day of qualifying as a candidate for the office of councilmember or mayor, as required by Miami Springs Charter §3.04 (1) for the General Election to be held on April 4, 2023.

Signature of Affiant

786.295.1045

Telephone

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 22 day of Aug 2022, by

Orlando Lamas.
(Name of person making statement)

NTS
Signature of Notary Public, State of Florida

NathalieSalinas
(Notary's name typed, printed or stamped)

NATHALIE GABRIELA SALINAS
Notary Public - State of Florida
Commission # HH 23[illegible]
My Comm. Expires Feb [illegible] 2026
Bonded through National Notary Assn.

Personally Known X or Produced Identification _____
Type of Identification Produced: _____

ORLANDO LAMAS CAMPAIGN. SEAT 1
951 SWAN AVE
MIAMI SPRINGS, FL 33166.
786.295.1045

63-9138/2631

98

DATE 01.05.23

PAY TO THE ORDER OF CITY OF MIAMI SPRINGS $ 85.00

EIGHTY-FIVE 00/XX DOLLARS

Security Features Included. Details on Back.

© DELUXE WALLET OR DUPLICATE

TRUIST

MEMO CAMPAIGN/CANDIDATE QUALIFICATION

MP

⑈263191387⑆110002442175 7⑈00098

SPECIALTY BLUE

CITY OF MIAMI SPRINGS
*** CUSTOMER RECEIPT ***

Oper: MIASMBM Type: OC Drawer: 1
Date: 2/07/23 02 Receipt no: 673

Description	Quantity	Amount
FF	CC - CAMPAIGN FILING FEE	
	1.00	$85.00

ORLANDO LAMAS CAMPAIGN

Tender detail		
CK CHECK	98	$85.00
Total tendered		$85.00
Total payment		$85.00

Trans date: 2/07/23 Time: 8:24:40