

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

RECEIVED
OFFICE ONLY
2009 DEC 11 PM 3:51
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

(1) Erica Wright
Name

(2) ~~13222 SW 12th St~~ P.O. Box 10348
Address (number and street)

~~MIAMI, FL 33137~~ Miami, FL 33101
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): City of Miami, Commissioner District 5

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 01 / 09 To 12 / 04 / 09 Report Type S1-10

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 1150.00

Total Monetary \$ 1150.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 682.00

Transfers to Office Account \$ _____

Total Monetary \$ 682.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1150.00

(10) TOTAL Monetary Expenditures To Date

\$ 682.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) RUDEAN GILLARD

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Rudean Gillard
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) ERICA WRIGHT

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Erica Wright
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Erica Wright

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 09 through 12 / 04 / 09

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
12 / 04 / 09	City of Miami City Clerk	Qualifying Fee	DIS		682.00
01					

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Erica Wright (2) I.D. Number _____

(3) Cover Period 10 / 01 / 09 through 12 / 04 / 09 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
12 / 04 / 09	Erica Wright 269 NW 7 St. Unit 421 Miami, Fl 33136	I	Attorney	LOA			1150.00
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