

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE TYPE)

**OFFICE USE ONLY
RECEIVED**

2009 DEC -4 AM 11:57

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate Erica Wright	1. Address (include post office box or street, city, state, zip code) P.O. Box 10348 MIAMI, FL 33101
--	--

Telephone (optional) (305) 381-9309	2. Party (Partisan candidates only) _____	3. Office (add district, circuit or group number) City of Miami District 5
---	--	--

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Rudean Gillard

5. Mailing Address (If post office box or drawer add street address) 2531 NW 121st Street	6. Telephone 305-688-4539
---	-------------------------------------

7. City Miami	8. County Miami-Dade	9. State Florida	10. Zip Code 33167
-------------------------	--------------------------------	----------------------------	------------------------------

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank BNY Mellon Bank	12. Street Address 44 West Flagler Street
--	---

13. City Miami	14. County Miami-Dade	15. State Florida	16. Zip Code 33130
--------------------------	---------------------------------	-----------------------------	------------------------------

17. Signature of Candidate X Erica Wright	Date 12/4/09
---	------------------------

Campaign Treasurer's Acceptance of Appointment

I, **Rudean Gillard**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **Erica Wright**

who is seeking nomination or election as a **City of Miami Commissioner District 5** candidate to the office of
(Party)

CITY OF MIAMI COMMISSIONER - DISTRICT 5 As a duly registered voter in **Miami-Dade County**

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

12-4-09

Date

X **Rudean Gillard**

Signature of Campaign Treasurer or Deputy Treasurer

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY
RECEIVED

2009 DEC -4 AM 11:57

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

Erica Wright

1. Address (include post office box or street, city, state, zip code)

P.O. Box 10348, Miami, FL 33101

Telephone (optional)
(305) 381-9309

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number)
City of Miami District 5

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

Erica Wright

5. Mailing Address (If post office box or drawer add street address)

PO Box 10348, Miami, FL 33101/269 NW 7th St., #421, Miami 33136

6. Telephone

(305) 3819309

7. City

Miami

8. County

Miami-Dade

9. State

Florida

10. Zip Code

33167

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank

BNY Mellon Bank

12. Street Address

44 West Flagler Street

13. City

Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33130

17. Signature of Candidate

X *Erica N. Wright*

Date

12/14/09

Campaign Treasurer's Acceptance of Appointment

I, Erica Wright, do hereby accept the appointment as

(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Erica Wright

who is seeking nomination or election as a City of Miami Commissioner-District 5 candidate to the office of
(Party)

City of Miami Commissioner, District 5 As a duly registered voter in Miami-Dade County

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

12/04/09

Date

X

Erica Wright
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

2009 DEC -4 AM 11:57
OFFICE USE ONLY
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

**STATEMENT OF
CANDIDATE**

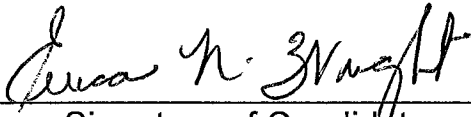
(Section 106.023, F.S.)

(Please Type)

I, Erica N. Wright,

candidate for the office of City of Miami Commissioner, District 5 ;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

12/4/09
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 CANDIDATE

CITY OF MIAMI, FLORIDA

COUNTY OF MIAMI-DADE)
CITY OF MIAMI)

RECEIVED
2009 DEC -4 PM 4:25
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Erica N. Wright (hereinafter "affiant"),

being first duly sworn, deposes and says:

1. My name is ERICA N. WRIGHT

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 of the office of Commissioner in District Number 5 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. 533.

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

269 NW 7th St., Unit 421 Miami, FL 33136
which is my legal address, and I have resided continually at said address from the 25th day of DECEMBER '04 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 between.
680 NE 64th St., Apt. 1506 APPROXIMATELY 2002 - 2004
MIAMI, FL

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

ATTACHMENT A

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

NONE

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

NONE

8. At the present time, affiant (is) (is not) registered to vote in any city, county or state stipulated in subparagraph 3 above.

9. Name and business address of affiant's employer:

ERICA N. WRIGHT, P.A. NEW PRODUCTIONS AND ENTERPRISES, LLC
UNIVERSITY OF MIAMI - SCHOOL OF LAW

10. Affiant's occupation: ATTORNEY

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

ERICA N. WRIGHT, P.A.
NEW PRODUCTIONS AND ENTERPRISES, LLC JULY 7, 2008

(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 a 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 (other than city manager, city attorney, independent auditor general or city clerk) or member of a city board of the City of Miami. Florida (other than a city commissioner or mayor), affiant in the case of an employee shall take a leave of absence, without pay from his/her employment during the period in which affiant is seeking election to public office or in the case of a board member such member shall resign and such leave of absence or resignation to be effective upon which ever occurs first:

- (a) such employee or board member 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 or board member appoints a campaign treasurer and designates a primary depository; or

RECEIVED
2009 DEC -4 PM 4: 25
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

ATTACHMENT A

(c) at the time such employee or board member 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.

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

269 NW 7th Street, UNIT #21 MIAMI, FL 33136

Affiant's campaign treasurer's name:

RUDEAN GILLARD

*Affiant's campaign treasurer's address:

2531 NW 121 St. MIAMI, FL 33167

Telephone numbers: (work) _____

(home) 305-688-4539

RECEIVED
2009 DEC -4 PM 4: 25
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

*[A Campaign Treasurer or Deputy Treasurer shall be a registered voter in the State of Florida.]

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:

ERICA WRIGHT

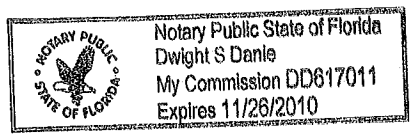
SIGNED THIS 4th DAY OF December, 2009.

Erica Wright
AFFIANT

BEFORE ME, the undersigned authority, personally appeared ERICA WRIGHT, who, after first being duly sworn, deposes and states that she executed the foregoing to the best of her knowledge and belief.

Dwight S Danle
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



_____ Did take an oath

Produced identification

Type of identification produced: Driver's License W623-214-72-559-0

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Wright, Erica Nicole

MAILING ADDRESS :

P.O. Box 10348

CITY : Miami ZIP : 33136 COUNTY : Miami-Dade

NAME OF AGENCY : City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Commissioner, District 5

FOR OFFICE USE ONLY:

RECEIVED
2009 DEC -4 PM 4: 25
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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

****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 (check one):

DECEMBER 31, 2008 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Vantage Transfer Agents	777 N. Capitol St, NE Washington, DC 20202	Pension 401/457
Gunster, Yoakley & Stewart, PA	777 S Flagler Dr.#520, West Palm Beach FL	Law Firm
State of Florida/Workforce Innovation	PO Box 5320, Tallahassee FL 32314	Unemployment Cmpensation
Florida Democratic Party	214 S Bronough St., Tallahassee, FL 32301	Field Organizer

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

N/A

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.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

RECEIVED
 2009 DEC -4 PM 4:25
 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF TAMPA, FL

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Sallie Mae, Inc	P.O. Box 9532, Wilkes-Barre, PA 18773-9532
American Honda Financing Corporation	P.O. Box 105027, Atlanta, GA 30348-5027

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
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			

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

SIGNATURE (required): 

DATE SIGNED (required): 12/4/09

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

RECEIVED

LOYALTY OATH
CANDIDATES WITH NO PARTY AFFILIATION
(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY
2009 DEC -4 PM 4:25
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

STATE OF FLORIDA Miami-Dade COUNTY

(PLEASE PRINT)

I, Erica N. Wright
First Name Middle Name/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.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Erica Wright
(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 office of City of Miami Commissioner, District 5, _____,
(office) (district) (circuit)
_____. I am a qualified elector of Miami-Dade County, Florida. I am qualified
(group)

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.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE



Erica N. Wright
Signature of Candidate

P.O. Box 10348 (305) 381-9309 _____
Mailing Address Day Phone Fax Number

Miami FL 33101 12/4/09
City State Zip Code Date Signed

LOYALTY OATH

RECEIVED

2009 DEC -4 PM 4:25

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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

(Please Print)

I, Erica W, Wright
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.

Erica Wright
Signature of Candidate

OATH OF CANDIDATE

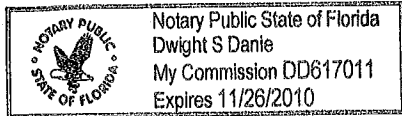
OFFICE OF CITY OF MIAMI COMMISSIONER

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

Erica Wright
(Please print name as you wish it to appear on ballot)

who being sworn, says, he/she is a candidate for the office of City of Miami Commissioner, District 5; 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 ss. 876.05 – 876.10, 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.

Erica Wright
Signature of Candidate



269 NW 7th Street Unit 421
Address

Miami, FL 33136
City State ZIP Code

The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribe before me this 4th day of December, 2009.

(Signature of Officer Administering the Oath, or of designated Notary Public – State of Florida) D S Danie

Print, Type, or Stamp Commissioned Name of designated Notary Public) Dwight Danie

Personally Known OR Produced Identification Type of Identification Produced Orin's License W623-214-72-559-0



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

miamidade.gov

RECEIVED
2009 DEC -4 PM 4: 26

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Date 12/03/2009
Time 1:17:35 PM

Lester Sola
Supervisor of Elections
Voter Registration Receipt

Miami-Dade County, FL

Regn Number / Número de Registración	109939495
Voter Name / Nombre de Votante	Wright, Erica N
Residence / Residencia	269 NW 7Th St UNIT #421 Miami FL 33136
Mailing Address / Dirección de Correo	none
Voter Status / Estado del Votante	1(A) Active Voter
Birth Date / Fecha de Nacimiento	Feb/19/1972
Birth Place / Lugar del Nacimiento	colorado
Sex / Sexo	F
Race / Raza	3
Party / Partido	DEM
Precinct / Precinto	533 Culmer Neighborhood Service Center 1600 NW 3 Ave Culmer Neighborhood Service Center
Registration Date / Fecha de Registración	Oct/10/2000
Assistance Required / Asistencia Requerida	N

*Witness my hand and official seal at Miami-Dade County, FL,
Firmo de mi puño y letra y estampo el sello oficial del Condado de Miami-Dade County, FL,
on Dec/03/2009 / este día Dec/03/2009*

Lester Sola
Supervisor of Elections
Miami-Dade County, FL

By: _____

Delivering Excellence Every Day

RECEIVED

2009 DEC -4 PM 4: 26

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

December 4, 2009

City of Miami
Office of the City Clerk
Priscilla A. Thompson, CMC
3500 Pan American Drive
Miami, FL 33133

Dear Ms. Thompson:

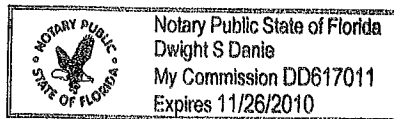
I, Erica Wright, candidate for City of Miami Commissioner District 5, do hereby swear that I reside at 269 NW 7th Street, Unit 421, Miami, FL 33136, and I have resided at this address for well over the 1 year qualifying requirement for residency in the District.

Sincerely,


Erica Wright

Subscribed and sworn before me, this 4th day of December, 2009, a Notary Public in and for Miami-Dade County, State of Florida.


Notary Public



My commission expires Nov 26, 2010.

Personally Known or Produced Identification Driver's License W 623-214-72-559-0

STIN ARPS PROPERTY SYSTEM - STREET INQUIRY (13)

STREET ID: 022371 IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
0251 - 0299	NW 7		ST	1 ODD
FACE:	S	PRIMARY ZONE:		EMPOWERMENT ZONE: Y
ZIP CODE:	331363911	SD1 ZONE:		LATIN QUATERS: N
CENSUS TRACT:	3400	SD2 ZONE:		VOTING DISTRICT: 05
CENSUS BLOCK:	3011	DDRI ZONE:	N	
FIRE 901 ZONE:	0703	SEOPWDRI ZONE:	Y	
FIRE SFBC ZONE:	1A	HIST PRESVN DIST:	N	
NBHD CODE:	06	SCENIC CORRIDOR:	N	
SUB NBHD CODE:	01	PEDESTRIAN PATHWAY:	N	
SOLID WASTE ROUTE:	114	OMNI TAX DISTRICT:	N	
TRASH ROUTE:	00	DDA DISTRICT:	N	
STREET CLEAN ROUTE:	000	CD TARGET AREA:	05	

NEXT STREET:

HOUSE NO:	QUAD:	NAME:	TYPE:	ACTION: 01
ACTION: 1-CONTINUE				XMIT:

RECEIVED

2009 DEC -4 PM 4:26

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

RECEIVED

2009 DEC -4 PM 4:26

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Florida *The Sunshine State*
DRIVER LICENSE CLASS E
W623-214-72-559-0
ERICA NICOLE WRIGHT
269 NW 7TH ST APT 421
MIAMI, FL 33136-3906
DOB 02-19-1972 SEX F HGT 5-03
ISSUED 04-13-2004
EXPIRES 04-13-2011
SAFE DRIVER
X630712070121
Operation of a motor vehicle constitutes consent to any sobriety test required by law

RECEIVED

2009 DEC -4 PM 4: 26

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Florida *The Sunshine State*
DRIVER LICENSE CLASS E
W623-214-72-559-0

ERICA NICOLE WRIGHT
269 NW 7TH ST APT 421
MIAMI, FL 33186-3906

DOB 02-18-1972 SEX F HGT 5-03
ISSUED 04-03-2004
EXPIRES 04-03-2010

Erica Wright EXPIRES 04-03-2010

X630712070181 SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law

CAMPAIGN FOR ERICA WRIGHT DISTRICT 5

Check No. 001

DATE 12-4-09

63-964/670

PAY TO THE ORDER OF

City of Miami

\$ 682⁰⁰~~00~~

six hundred eighty two and ~~no~~ ^{no}

DOLLARS



Security Features Included Details on Back



Mellon United National Bank
Miami, Florida

FOR CANDIDATE QUALIFYING

Ruduan Dillard

MP

⑆067009646⑆ 0031150196⑆

RECEIVED

2009 DEC -4 PM 4:26

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL



City of Miami
OFFICIAL RECEIPT

No. 339010

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

Date: 12/04/09

Six hundred and eighty-two /100 Dollars

Received from: Erica Wright Campaign

Address: P.O. Box 103480 Mia, FL 33101

For: Qualifying Fee Reference No: CK#001

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: N. Ewan

Department: City Clerk

Division: _____

C FN/TM 402 Rev. 03/03

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

RECEIVED

2009 DEC -4 PM 4:26

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL