

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
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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Ellen Brickley
1. Address (include post office box or street, city, state, zip code): 7000 NE 5th Avenue, Miami, FL, 33138

Telephone (optional): 305 756-4436
2. Party (Partisan candidates only): non partisan
3. Office (add district, circuit or group number): City Commissioner, District 2

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

4. Name of Treasurer or Deputy Treasurer: Sarah Ruth Robinett

5. Mailing Address (If post office box or drawer add street address): PO Box 381395, 8365 NE 2nd Ave, Suite 206, Miami, FL 33138
6. Telephone: 305 756-4436

7. City: Miami 8. County: Miami-Dade 9. State: Florida 10. Zip Code: 33238

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

11. Name of Bank: Regions Bank
12. Street Address: 6013 NW 7th Avenue

13. City: Miami 14. County: Miami-Dade 15. State: Florida 16. Zip Code: 33127

17. Signature of Candidate: X Ellen Brickley Date: 9/19/07

Campaign Treasurer's Acceptance of Appointment

I, Sarah Ruth Robinett, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Ellen Brickley

who is seeking nomination or election as a non partisan candidate to the office of
(Party)

City Commissioner, District 2 . As a duly registered voter in Miami-Dade

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.

09/19/2007
Date

X Sarah R Robinett
Signature of Campaign Treasurer or Deputy Treasurer

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CITY OF MIAMI, FL

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, Ellen Brickley,

candidate for the office of City Commissioner, District 2;

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

X

Ellen Brickley
Signature of Candidate

9/21/07
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

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CITY OF MIAMI, FL

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

Ellen Brickley (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Ellen Brickley.
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 2 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. 978.

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

7000 NE 5th Ave Miami FL 33138,
which is my legal address, and I have resided continually at said address from the 15 day of Feb 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
<u>129 Trenton St E Boston MA</u>	<u>3 1/2 yrs</u>
<u>327 E Gun Hill Rd Bronx NY</u>	<u>1 1/2 yrs</u>

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)

n/a

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CITY CLERK
CITY OF MIAMI FL

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

1/4

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

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

Blue Ribbon Meats

2340 West 3rd Avenue Hialeah FL 33010

10. Affiant's occupation: Factory worker

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

8 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).

Larry King Wholesale Meats

350 Goolsby Blvd Deerfield Beach 33442

employed for 1 year

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 (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 whichever 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
- (c) at the time such employee or board member files qualification papers and subscribes to a candidates 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:

mail

PO Box 381395 8365 NE 2nd Ave #206
Miami FL 33238 Miami FL 33138 305 756-4436

Affiant's campaign treasurer's name:

Sarah Ruth Rubinett

*Affiant's campaign treasurer's address:

236 NE 51st St #2 Miami FL 33137

Telephone numbers: (work) 305 756-4436

(home) 305 968-4326

*[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:

ELLEN BRICKLEY

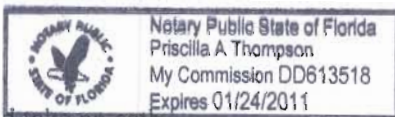
SIGNED THIS 21 DAY OF Sept, 07

Ellen Brickley
AFFIANT

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

Priscilla A. Thompson
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: Florida Driver's license
B624-213-51-592-0

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CITY CLERK
CITY OF MIAMI, FL

FORM 1

STATEMENT OF

2006

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Brickley -- Ellen -- Marie

MAILING ADDRESS :

7000 NE 5th Avenue

CITY : ZIP : COUNTY :

Miami, FL 33138 Miami-Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Miami City Commissioner, District 2

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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 CITY CLERK
 CITY OF HIALEAH, FL

PDF 2006

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, 2006 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
Blue Ribbon Meats	2340 West 3rd Avenue, Hialeah, FL 33010	meat processor

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 2007 SEP 21 PM 4:34 PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI, FL

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
n/a	

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): Eileen Bentley DATE SIGNED (required): 9/21/07

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.

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

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

STATE OF FLORIDA

Miami-Dade COUNTY

(PLEASE PRINT)

I,

<u>Ellen</u>	<u>Marie</u>	<u>Brickley</u>
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, Ellen Brickley
(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 Miami City Commissioner, 2, n/a,
(office) (district) (circuit)
n/a. 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

X Ellen Brickley
Signature of Candidate

7000 NE 5th Avenue 305 756-4436
Mailing Address Day Phone Fax Number

Miami Florida 33138 9/21/07
City State Zip Code Date Signed

LOYALTY OATH

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)
(Please Print)

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CITY CLERK
CITY OF MIAMI, FL

I, Ellen Marie Brickley
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.

Ellen Brickley
Signature of Candidate

OATH OF CANDIDATE
OFFICE OF CITY OF MIAMI COMMISSIONER

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

Ellen Brickley
(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 2; 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.

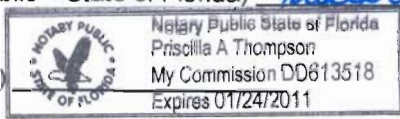
Signature of Candidate
7000 N.E 5th Ave.
Address
Miami FL 33138
City State ZIP Code

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

and subscribe before me this 21st day of September, 2007

(Signature of Officer Administering the Oath, or of designated Notary Public – State of Florida) Priscilla A. Thompson

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



Personally Known OR Produced Identification Type of Identification Produced Florida Driver's license
B624-213-51-592-0

**DECLARATION
FOR CANDIDATES NOT AUTOMATICALLY COVERED BY THE MIAMI-DADE
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

The Ethical Campaign Practices Ordinance may apply to any candidate, and his or her campaign staff, for elective office with a constituency in whole or in part in Miami-Dade County who agrees to abide by the mandatory and/or voluntary fair campaign practices.

I, Ellen Brickley, a candidate for the office of City Commissioner Dist 2, agree to abide by the mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the mandatory campaign practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

By signing this declaration, I acknowledge that I will follow the mandatory campaign practices and 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 or avoided, or injured in his or her business or occupation; or
 - 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 be shunned or avoided, or injured in his or her business or occupation; or
 - c) willfully injury, 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; or
 - d) knowingly obtain, or cause to be obtained campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit therefrom; or
 - e) knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate; or
- knowingly fail to remove a campaign sign within thirty (30) days of the last election in which the candidate was on the ballot; or
- knowingly erect or cause to be erected a campaign sign within the right-of-way limits of any County-maintained road in Miami-Dade County.

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CITY CLERK
CITY OF MIAMI, FL

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.

Dean Bradley
Signature

9/21/07
Date

In addition to abiding by the Mandatory Campaign Practices, I agree to follow the voluntary Statement of Fair Campaign Practices enumerated in Section 2-11.1(D):

1. I shall not make my race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
2. I shall not make my opponents' race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability or sexual orientation.
4. I shall not without just cause attack or question my opponent's patriotism.
5. I shall not publish, display or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group, which resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.

I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.

I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

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CITY CLERK
CITY OF MIAMI FL

I, Ellen Brickley, a candidate for the office of City Commissioner Dist. 2, agree to abide by the Statement of Fair Campaign Practices mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and described on the previous page and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the Statement of Fair Statement Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.

Ellen Brickley

Signature

9/21/07

Date

PLEASE FILE FORM(S) WITH THE MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST AND THE MIAMI-DADE SUPERVISOR OF ELECTIONS.

Miami-Dade Commission on Ethics
19 West Flagler Street
Suite 220
Miami, FL 33130

Miami-Dade Supervisor of Elections
2700 N.W. 87th Avenue
Doral, Florida 33172

New P.O. Box #:
P.O. Box 521550
Miami, Florida 33152-1550

For further information contact Miami Dade Elections Department, Public Services at 305-499-8400

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 CITY OF MIAMI, FL



Voter Information Card
 Miami-Dade County, FL

Tarjeta de Información del elector
 Condado de Miami-Dade, FL

Kat Enfomasyon Votè
 Konte Miami-Dade, FL

ELLEN MARIE BRICKLEY
 7000 NE 5TH AVE
 MIAMI FL 33138

ISSUED
 ENPRIME
 02/24/06

**Bring photo identification
 when voting.**

Para votar, presente una
 identificación con fotografía.

Tranpri pote yon pyès idantifikasyon
 ki gen foto w sou li lè w'ap vin vote.

Registration No.
 Núm. de inscripción
 Nim. Enskripsyon

114056940

Identification Data
 Datos de identificación
 Enf. Idantifikasyon

03/12/51

Precinct No.
 Núm. del recpito
 Nim. Biwo Vot

97B

Registration Date
 Fecha de inscripción
 Dat Enskripsyon

02/07/06

Party Affiliation
 Afiliación partidista
 Pati Politik

NPA

Polling Place | Centro de votación | Lokal Biwo Vot
MORNINGSIDE ELEM SCHOOL
 6620 NE 5 AVE

Lester Sola
 Supervisor of Elections | Supervisor de Elecciones | Sipévizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
 W elijib pou w vote pou reprezentan ki nan distri ki elsi anba la yo.

Congress
 Congreso
 Kongrè
 017

State Senate
 Senado Estatal
 Sena Eta a
 033

State House
 Cámara Estatal
 Lacham Eta a
 108

County Commission
 Comisión del Condado
 Komisyon Konte
 03

School Board
 Junta Escolar
 Asamble Edikasyon
 02

Community Council
 Consejo Comunitario
 Konsèy Kominoté

Municipal | Municipal | Municipal
 MI02



P.O. BOX 2437
CHATSWORTH, CA 91313-2437

This Statement Covers

From: 08/10/06
Through: 09/12/06

ELLEN MARIE BRICKLEY
7000 NE 5TH AVE
MIAMI FL 33138-5616

Need assistance?

To reach us anytime,
call 1-800-788-7000
or visit us at wamu.com



Just call us WaMu. We are excited to announce that we are now referring to ourselves as WaMu. Soon you will begin seeing our new logo on our website, in branches and mail from us.

Summary of All Accounts Included in This Statement

Product Name	Account Number	Term	Maturity Date	APY	Balance As of 09/12/06
Free Checking	[REDACTED]				[REDACTED]
Statement Savings	[REDACTED]			0.25%	[REDACTED]
Total Deposit Balance:					[REDACTED]

Total Deposit Balance:
Deposits at Washington Mutual are FDIC Insured.

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CITY CLERK
CITY OF MIAMI, FL

P.O. BOX 2437
CHATSWORTH, CA 91313-2437

This Statement Covers

From: 08/10/07
Through: 09/12/07

Need assistance?

To reach us anytime,
call 1-800-788-7000
or visit us at wamu.com

ELLEN MARIE BRICKLEY
7000 NE 5TH AVE
MIAMI FL 33138-5616

180672



Get a great Certificate of Deposit rate, without ever going to the bank! Visit wamu.com/onlinecd to open your Online CD today.
Deposits at Washington Mutual are FDIC Insured.

Summary of All Accounts Included in This Statement

Product Name	Account Number	Term	Maturity Date	APY	Balance As of 09/12/07
Free Checking	[REDACTED]				[REDACTED]
Statement Savings	[REDACTED]			0.25%	[REDACTED]

Total Deposit Balance:

Deposits at Washington Mutual are FDIC Insured.

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CITY CLERK
CITY OF MIAMI, FL

STREET ID: 015080 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--
7000 - 7098 NE 5 AV 0 EVEN

FACE:	E	PRIMARY ZONE:		EMPOWERMENT ZONE:	N
ZIP CODE:	331385616	SD1 ZONE:		LATIN QUATERS:	N
CENSUS TRACT:	1302	SD2 ZONE:		VOTING DISTRICT:	02
CENSUS BLOCK:	5001	DDRI ZONE:	N		
FIRE 901 ZONE:	1195	SEOPWDRI ZONE:	N		
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:	N		
NBHD CODE:	01	SCENIC CORRIDOR:	N		
SUB NBHD CODE:	09	PEDESTRIAN PATHWAY:	N		
SOLID WASTE ROUTE:	102	OMNI TAX DISTRICT:	N		
TRASH ROUTE:	00	DDA DISTRICT:	N		
STREET CLEAN ROUTE:	000	CD TARGET AREA:	01		

NEXT STREET:

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

RECEIVED
 2007 SEP 21 PM 4:35
 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

Florida *The Sunshine State*

CDL CLASS B
B624-213-51-592-0

ELLEN MARIE BRICKLEY
7000 NE 5 AVENUE
MIAMI, FL 33138-0000

DOB: 03-12-1951 SEX: F HGT: 5-01
ISSUED: 02-07-2006 EXPIRES: 09-12-2012

REST. 1
ENGINEER

Ellen Brickley

ORGAN DONOR
S010602070358 SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Copy

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

Ellen Brickley Campaign Account

63-466/631

DATE 09/20/2007 \$ 100.00

PAY TO THE ORDER OF

City of Miami

one hundred and no/100



DOLLARS



FOR 2007 Candidate Filing Fee

Sarah Rust G. Best

⑆5182454400⑆ :899101E90⑆

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

2007 SEP 21 PM 4:35

RECEIVED

AFFIDAVIT OF FINANCIAL HARDSHIP

I, **Ellen Brickley**, a candidate for the office of **Miami City Commissioner, District 2** do hereby certify, pursuant to Section 99.093, Florida Statutes, that I am unable to pay the 1% election assessment to qualify for nomination or election to public office because paying the assessment would be an undue burden on my personal financial resources or on the financial resources available to me.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT IT IS A TRUE AND CORRECT STATEMENT.

Date

9/21/07

Signature of Candidate

Ellen Brickley

7000 N.E. 5th Ave

Miami FL 33138

Address of Candidate

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL



City of Miami
OFFICIAL RECEIPT

No. 324149

\$ 100.00 Sales Tax \$ Total \$ 100.00
Date: 9/21/2007 /100 Dollars

Received from: One Hundred + 00/100

Address: 2000 NE 5th Ave Miami, FL

For: Qualifying Fee Reference No: 03-461031

By: Darrell DANE
Department: Office of the City Clerk
Division: 6 returns

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.

C FN/TM 402 Rev. 03/03

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

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CITY CLERK
CITY OF MIAMI, FL

Candidate Qualification Checklist

QUALIFYING A CANDIDATE

Print Candidate Name

DOCUMENT PRE-CHECK

Affidavit of Financial Hardship

*ELLEN BRICKLEY
\$100 city of miami*

- Voter's Registration Card
 Picture ID
 Proof of Residency
 Campaign Check (\$682)

REQUIRED FORMS

1	Appointment of Campaign Treasurer and Designation of Campaign Depository	<input checked="" type="checkbox"/>
2	Statement of Candidate	<input checked="" type="checkbox"/>
3	Affidavit of Candidate (Check for completeness, do not sign or notarize until end)	<input checked="" type="checkbox"/>
4	Form 1 Statement of Financial Interests for prior year (Check completeness)	<input checked="" type="checkbox"/>
5	State Loyalty Oath	<input checked="" type="checkbox"/>

OPTIONAL FORMS

6	City Loyalty Oath (Notarize after checking for completeness) <i>Notarize ✓</i>	<input checked="" type="checkbox"/>
7	County Ethics Declaration (Check for completeness)	<input checked="" type="checkbox"/>

TO DO

A	Make 1 copy of Voter's Registration, 3 Copies of Picture ID, 1 Copy of Proof of Residency and return originals to candidate.	<input checked="" type="checkbox"/>
B	Copy of Proof of residency for one year prior to qualifying and current time (i.e., copy of deed, mortgage, lease, utility bill, etc.) highlight significant dates	<input checked="" type="checkbox"/>
C	Verify that address is appropriate City address and that it falls within district boundary, if running for Commission seat. Print ARPS. Correct District Number is printed on voter's registration card. Highlight and Verify!	<input checked="" type="checkbox"/>
D	Copy of Drivers license or other picture ID Highlight name and address.	<input checked="" type="checkbox"/>
E	Copy of Voter's registration card - verify precinct, Highlight precinct, commission district and address	<input checked="" type="checkbox"/>
F	Check from campaign account (\$1,070 for mayor, ^{\$100} \$602 for commissioner) made payable to City of Miami. Make 1 copy - put original in safe.	<input checked="" type="checkbox"/>
G	Write receipt for check. Make 1 copy, return original to candidate. <i>Affidavit of Financial Hardship (Fl)</i>	<input checked="" type="checkbox"/>
H	Make sure every blank is filled and all signatures required are executed. Have candidate take oath that all information is correct to the best of his/her knowledge. "Do you swear (or affirm) that the statements in the affidavit are true and complete to the best of your knowledge and belief?" They need not answer orally or raise their right hand; subsequent signing of the Affidavit is an adequate affirmation response. Then have candidate sign Affidavit of Candidate form; then clerk signs, dates and notarizes form.	<input type="checkbox"/>

ASSEMBLE DOCUMENTS

I	Place Documents in following order: Appt of Treas, Statement of Candidate, Affidavit of Candidate, Form 1, State Loyalty Oath, City Loyalty Oath, Ethics Declaration, Copy of Voter's Registration, Copy of Proof of Residency, ARPS, Copy of Driver's License, Copy of Check, Copy of Receipt.	<input checked="" type="checkbox"/>
J	Time-stamp documents and make 2 sets of copies of all documents. Replace Copy of Driver's license with copy made in Step A. Candidate gets one copy of everything. Second set of copies are sent to Supervisor of Elections.	<input checked="" type="checkbox"/>
L	Give candidate a copy elections package (letter and CD). Briefly highlight the election calendar and the clerk's website and explain contents of CD.	<input checked="" type="checkbox"/>
M	Have candidate sign form, then make 2 copies	<input checked="" type="checkbox"/>

CANDIDATE ACKNOWLEDGMENT OF RECEIPT

N	I am in receipt of the elections package containing a CD and letter from the City Clerk and I have been provided copies of my time-stamped qualification documents.	<input checked="" type="checkbox"/>
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** Ellen Brickley*
Signature

9/21/07
Date