



RECEIVED

2009 SEP 11 PM 4:12

TRISCILLA SAMPSON
CITY CLERK
CITY OF MIAMI, FL

September 11, 2009

Mr. Dwight Danie
Elections Coordinator
City of Miami Office of the City Clerk
3500 Pan American Drive
Miami, Florida 33133

Dear Mr. Danie:

This letter is to notify you of my intent to move my candidacy for City of Miami Commissioner District 4 from the 2011 election to the 2009 special election for City of Miami Commissioner District 4. Accompanying this letter is the qualifying paperwork for the 2009 special election.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

Manolo Reyes

www.ManoloReyes2009.com

5301 S.W. 7 Street Miami, Florida 33134 • Phone: (305) 461-9213 • e-mail: Info@ManoloReyes2009.com

Paid Political Advertisement, Paid for and approved by Manolo Reyes for City of Miami Commissioner, District 4.

AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT

I, MANUEL E. REYES, a candidate for the office of COMMISSIONER DISTRICT 4 do hereby certify, pursuant to Florida Statutes 99.0955 that I have been generally known by, or have used as part of my legal name, the adopted nickname MANOLO REYES.

I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Manolo Reyes
Signature of Affiant

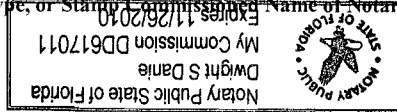
5301 S.W. 75th MIAMI-FL 33134
Address of Affiant

Sworn to (or affirmed) and subscribed before me this 11 day of September, 2009

[Signature]

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



Personally Known _____ or Produced Identification

Type of Identification Produced: Driver's License

R-200-545-44172-8

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2009 SEP 11 PM 5:02
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

RECEIVED

AFFIDAVIT OF CANDIDATE 2009 SEP 11 PM 5:01

CITY OF MIAMI, FLORIDA, RISCILLA A. THOMPSON, CITY CLERK, CITY OF MIAMI, FL

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

MANUEL E REYES (hereinafter "affiant"), being first duly sworn, deposes and says:

- 1. My name is MANUEL E. REYES
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 4 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. 557.

I presently reside at the following address (must include zip code):
5301 S.W. 7 St. MIAMI-FL 33134
which is my legal address, and I have resided continually at said address from the 1 day of July 1979 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):

Table with 2 columns: Prior Addresses, For the Period. Content: N/A

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

N/A

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

5301 S.W. 7 St. MIAMI-FL 33134

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

N/A

RISCILLA A THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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

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

MIAMI-DADE COUNTY PUBLIC SCHOOLS
1700 BISCAYNE BLVD.

10. Affiant's occupation: ECONOMIST - TEACHER

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

9 YRS. 9 MONTHS

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

N/A

12. Affiant represents that he/she (is) (is not) currently holding another elective or appointive office - whether city, county or municipal - the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S.99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is) (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office. (Note: If affiant is an employee of the City of Miami (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:

5301 S.W. 7th St. MIAMI-FL 33134 305-443-0940

Affiant's campaign treasurer's name:

MELY REYES CRUZ

*Affiant's campaign treasurer's address:

8371 S.W. 38 ST. MIAMI-FL 33155

Telephone numbers: (work) 305-282-9201

(home) _____

*[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:

MANOLO REYES

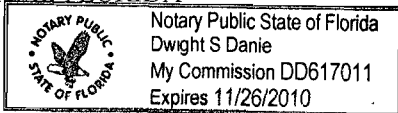
SIGNED THIS 11 DAY OF September, 2009.

Manolo Reyes
AFFIANT

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

D S Danie
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: Driver's License R-200-545-44-172-0

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RISCILLA A THOMPSON
CITY CLERK
CITY OF MIAMI, FL

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME

REVES MANUEL E.

MAILING ADDRESS

5301 S.W. 7th St.

MIAMI 33134 MIAMI-DADE
CITY ZIP COUNTY

CITY OF MIAMI
NAME OF AGENCY

COMMISSIONER DISTRICT 4
NAME OF OFFICE OR POSITION HELD OR SOUGHT

FOR OFFICE USE ONLY:

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BRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL
ID Code

ID No

Conf Code

P Req Code

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
MIAMI-DADE PUBLIC SCHOOLS	1700 BISCAYNE BLVD.	TEACHER

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]

5301 S.W. 7th St.
MIAMI - FL 33134

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 SEP 11 PM 5:02 TRISCHILLA A THOMPSON CITY CLERK CITY OF MIAMI, FL

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
WELLS FARGO	P.O. BOX 14411 DES MOINES IOWA

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			
DO 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): *Mando Reyes* DATE SIGNED (required): 09/11/09

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

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PRISCILLA A THOMPSON
CITY CLERK
CITY OF MIAMI FL

LOYALTY OATH

CANDIDATES WITH NO PARTY AFFILIATION

(Sections 876 05-876.10, Florida Statutes)

STATE OF FLORIDA

COUNTY

(PLEASE PRINT)

I,

MANUEL

First Name

E.

Middle Name/Initial

REYES

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,

MANOLO REYES

(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 COMMISSIONER , 4 , _____ ,
(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



Manolo Reyes

Signature of Candidate

5301 S.W. 7 ST.

Mailing Address

305-443-0946

Day Phone

Fax Number

MIAMI

City

FL

State

33134

Zip Code

09/11/09

Date Signed

LOYALTY OATH

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PRISCILLA A THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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

I, MANUEL E. REYES
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.

Manuel E. Reyes
Signature of Candidate

OATH OF CANDIDATE
OFFICE OF CITY OF MIAMI COMMISSIONER

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

MANOLO REYES
(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 4; 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.

Manuel E. Reyes
Signature of Candidate

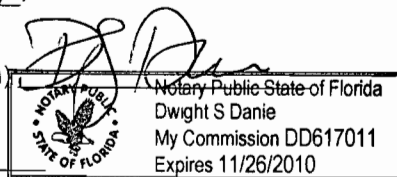
5301 S.W. 7th
Address

MIAMI, FL 33134
City State ZIP Code

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

and subscribe before me this 11 day of September, 2009.

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



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

Personally Known OR Produced Identification Type of Identification Produced Diver's Licence R-200-545-44-172-0



Voter Information Card

Miami-Dade County, FL

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

Kat Enfòmasyon Votè
Kontè Miami-Dade, FL

Manuel Ernesto Reyes
5301 SW 7Th St
Miami FL 33134

ISSUED
EMITIDA
ENPRIME
07/29/08

**Bring photo identification
when voting.**

Registration No.
Núm. de inscripción
Nim. Enskripsyon

**Para votar, presente una
identificación con fotografía.**

109123468

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

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Ig. Cristiana Ref Buen Samaritano
4585 West Flagler St

Precinct No. Núm. del recinto Nim. Biwo Vòt	Identification Data Datos de identificación Enfo. Idantifikasyon	Registration Date Fecha de inscripción Dat Enskripsyon
557	5/12/1944	12/12/1979

Party Affiliation | Afiliación partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

Lester Sola

Supervisor of Elections | Supervisor de Elecciones | Sipèvizò Eleksyon

You are eligible to vote for the representatives from the districts listed below
Ud puede votar por los representantes de los distritos enumerados abajo
W elijih pou w vote pou reprezantan ki nan distri ki ekri anba la yo

Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lachamín Eta a
18	36	117

County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asamble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
6	5	0

Municipality | Municipalidad | Minisipalite

MIAMI



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DISC. CITY CLERK
CITY OF MIAMI, FL

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CRISTINA J. WILSON
CITY CLERK
CITY OF MIAMI, FL

with the
copy.

a Control number [REDACTED]		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) [REDACTED]		OMB No 1545-0008	
c Employer's name, address, and ZIP code THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA 1450 N.E. 2nd AVENUE - ROOM 614 MIAMI, FLORIDA 33132		1 Wages, tips, other compensation [REDACTED] 2 Federal income tax withheld [REDACTED] 3 Social security wages [REDACTED] 4 Social security tax withheld [REDACTED] 5 Medicare wages and tips [REDACTED] 6 Medicare tax withheld [REDACTED] 7 Social security tips [REDACTED] 8 Allocated tips [REDACTED] 9 Advance EIC payment [REDACTED] 10 Dependent care benefits [REDACTED]	
d Employee's social security number [REDACTED]		11 Nonqualified plans [REDACTED]	
e Employee's first name and initial Last name MANUEL E REYES 5301 SW 7 STREET MIAMI FL 33134		12a See instructions for box 12 [REDACTED]	
f Employee's address and ZIP code [REDACTED]		12b Statutory employee [REDACTED] 12c Retirement plan [REDACTED] 12d Third-party sick pay [REDACTED]	
15 State Employer's state ID number FL [REDACTED]		16 State wages, tips, etc 17 State income tax 18 Local wages, tips, etc 19 Local income tax 20 Locality name	

Form W-2 Wage and Tax Statement 2006

Copy C for EMPLOYEE'S RECORDS (See Notice on back.)

Department of the Treasury - Internal Revenue Service

Internal Revenue Service

PNLE ARPS PROPERTY SYSTEM - PROPERTY NAME / LEGAL INQUIRY (32)

DATE: 09/11/2009 16:00:56

FOLIO NO: 01-4106-037-0091 LEGAL ADDR: 5301 SW 7 ST
GRP FOLIO: PROP ADDR: 5301 SW 7 ST
CANCELED: NO , ORIGIN: DC BL PRESENT: YES ST EX: 00 00 CLUC: 01

OWNER NAME AND ADDRESS

SERGIO BORREGO & W DELIA &
MANUEL REYES & W SELVA
5301 SW 7 ST
MIAMI FL
ZIP: 331341159

		VALUE HISTORY		
		2007	2008	2009
YEAR:				
LAND:		181,525	181,525	126,017
BLDG:		210,550	210,550	209,835
TOTAL:		392,075	392,075	335,852
HEX:		25,000	25,000	25,000
WVDS:		0	0	
TOTEX:		25,000	25,000	25,000
NONEX:		367,075	367,075	310,852
GRSS TX:		3,052	2,638	
CNTY TX:				
CITY TX:		982	757	
SALE AMT:				
SALE DATE:				
SALE TYPE:		/	/	/

LEGAL DESCRIPTION

DURWARD HEIGHTS PB 19-8
LOT 10 BLK 7
LOT SIZE 68.440 X 104
OR 12864-347 0386 4

NEXT FOLIO KEY: NEXT ADDRESS KEY:

ACTION: 1-CONTINUE

ACTION: 01
XMIT:

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CITY CLERK
CITY OF MIAMI, FL

STREET ID: 023941 IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
5301 - 5499	SW 7		ST	1 ODD
FACE:	S	PRIMARY ZONE:		EMPOWERMENT ZONE: N
ZIP CODE:	331341100	SD1 ZONE:		LATIN QUATERS: N
CENSUS TRACT:	5801	SD2 ZONE:		VOTING DISTRICT: 04
CENSUS BLOCK:	3017	DDRI ZONE:	N	
FIRE 901 ZONE:	3167	SEOPWDRI ZONE:	N	
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:	N	
NBHD CODE:	09	SCENIC CORRIDOR:	N	
SUB NBHD CODE:	03	PEDESTRIAN PATHWAY:	N	
SOLID WASTE ROUTE:	203	OMNI TAX DISTRICT:	N	
TRASH ROUTE:	00	DDA DISTRICT:	N	
STREET CLEAN ROUTE:	000	CD TARGET AREA:	00	

NEXT STREET:

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

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 RISCILLA A THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

RECEIVED
2009 SEP 16 PM 2:51
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

September 14, 2009

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

Dear Priscilla:

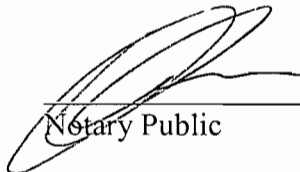
I, Manolo Reyes, candidate for City of Miami Commissioner District 4, do hereby swear that I reside at 5301 SW 7 Street, Miami, FL 33134. And I have resided at this address for well over the 1 year qualifying requirement for residency in the District.

Sincerely,



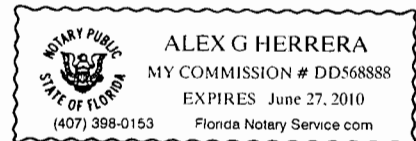
Manolo Reyes

Subscribed and sworn before me, this 14th day of September, 2009, a Notary Public in and for Miami-Dade County, State of Florida.



Notary Public

My commission expires June 27, 2010.



Florida DRIVER LICENSE CLASS E

The Sunshine State

LICENSE NUMBER **R200-545-44-172-0**

MANUEL ERNESTO REYES

6301 SW 7 ST
MIAMI, FL 33134-1168

BIRTH DATE: 06-12-44 SEX: M HT: 5-11 REST: A


ISSUED: 05-11-04 EXPIRES: 06-12-10

ENDORSE: 00-00-00

DUPLICATE: 00-00-00

SAFE DRIVER

5070-405110150
Operation of a motor vehicle constitutes consent to any sobriety test required by law



Manuel E. Reyes

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 2009 SEP 11 PM 5:02
 RISCAL
 CITY OF MIAMI

2010 SEP 11 PM 5:02

MANOLO REYES CAMPAIGN

5301 SW 7TH ST
MIAMI FL 33134

1030

DATE 09/11/09

63-8376/2670
109

PAY
TO THE
ORDER OF

City of Miami

\$ 682.00

Six Hundred + Eighty Two

no

DOLLARS



Florida's Most Convenient Bank

One Biscayne Tower #109
2 S. Biscayne Blvd.
Miami, FL 33131
1-888-7-DAV-BANK

FOR *Qualifying*

⑈00⑆030⑈ ⑆267083763⑆ 0065050435⑈

Manolo R. Reyes

MP

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2009 SEP 11 PM 5:02

PRISCILLA A THOMPSON
CITY CLERK
CITY OF MIAMI, FL



City of Miami

OFFICIAL RECEIPT

No. 338924

Date: 9 11 07

Total \$ 682

Sales Tax \$

\$ 1082

Received from: Six Hundred Eighty Two Dollars

Address: Manolo Reyes Miami, FL 33134

For: Candidate Qualification Reference No: Clerk 1030

By: Priscilla Thompson

Department: City Clerk

Division: Election

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

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

C FN/TM 402 Rev. 03/03