

RECEIVED

2009 SEP 17 PM 1:21

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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

Michelle Spence-Jones (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Michelle Spence-Jones
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. 521.

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

829 N.W. 55th St. Miami, FL 33127,
which is my legal address, and I have resided continually at said address from the 4 day of April 2004 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>4103 N.W. 15th Ave.</u>	<u>6 months</u>
<u>1025 N.W. 56th St</u>	<u>1 year</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)

829 N.W. 55th St. Miami, FL 33127

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

829 N.W. 55th St. Miami, FL 33127

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:

CITY OF Miami

3500 PAN AMERICAN DR

10. Affiant's occupation: Commissioner, District 5

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

4 YEARS

(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.

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 MISSOURI CITY CLERK
 CITY OF MIAMI

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:

647 NW 62nd street (305) 432-8398

Affiant's campaign treasurer's name:

DANA M. MOSS, SR.

*Affiant's campaign treasurer's address:

8004 N.W. 154th St, Suite 407, Miami Lakes, FL

Telephone numbers: (work) 305.332.1215

(home) 305-~~826~~ 2880 ?
826-

*[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:

Michelle Spence - Jones

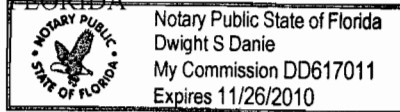
SIGNED THIS 17 DAY OF September, 2009

Michelle Spence Jones
AFFIANT

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

for *D S Danie*
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



 Did take an oath

Produced identification

Type of identification produced: Driver's Licence 5152-556-67-782-0

NOTARY
MICHELLE SPENCE JONES
CITY CLERK
CITY OF MIAMI, FL
2009 SEP 17 PM 1:21

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME

Spence-Jones, Michelle

MAILING ADDRESS

3500 Pan American Dr

CITY

Miami, FL

ZIP

33133

COUNTY

Miami-Dade

NAME OF AGENCY

Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT

CITY COMMISSIONER, DISTRICT 5

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

FOR OFFICE USE ONLY
 DATE RECEIVED 17 PM 1:21

MISC. EMPLOYEE INFORMATION

CITY CLERK
 CITY ID CODE 11A FL FL

ID No.

Conf Code

P. Req Code

****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
CITY OF MIAMI	3500 Pan American Way	Municipal Government
Liberia Street Group, Inc	859 N.W. 55th Miami, FL	MARKETING

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			
N/A			

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

829 N.W. 55th Street, Miami, FL

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	
	2009 SEP 17 PM 1:21
	RISCOLL, J. THOMPSON CITY CLERK CITY OF MIAMI, FL

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Rachlin Cohen	1 SE 3rd Ave
Citi Mortgage	330 SW 27th Ave
Land Rover	Miami, FL
Michael R. Band	2525 Ponce de Leon
Kendall Coffey	2699 S. Boyshure Dr.
Lydecker & Lee	1201 Brickell Ave, Miami, FL

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	Liberia Street Group Inc		
ADDRESS OF BUSINESS ENTITY	859 N.W. 55th St. Miami, FL		
PRINCIPAL BUSINESS ACTIVITY	Marketing		
POSITION HELD WITH ENTITY	President		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Stockholder		

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

SIGNATURE (required):  DATE SIGNED (required): 9/17/09

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 PM 1:21
2009 SEP 17

PRISCILLA A THOMPSON
CITY CLERK
CITY OF MIAMI, FL

STATE OF FLORIDA Miami-Dade COUNTY

(PLEASE PRINT)

I,

<u>Michelle</u> First Name	<u>R.</u> Middle Name/Initial	<u>Spence-Jones</u> 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, Michelle Spence-Jones
(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 5
(office) (district) (circuit)

_____ I am a qualified elector of _____ County, Florida. I am qualified
(group) Miami-Dade

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

Michelle Spence-Jones
Signature of Candidate

829 NW 55 St (305) 757-0230 _____
Mailing Address Day Phone Fax Number

miami FL 33127 9/17/09
City State Zip Code Date Signed

LOYALTY OATH

RECEIVED

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

2009 SEP 17 PM 1:21

RISCHILLI, J. WATSON
CITY CLERK
CITY OF MIAMI

I, Michelle

R

Spence-Jones

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.

Michelle J
Signature of Candidate

OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

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

Michelle Spence-Jones

(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.

Michelle J
Signature of Candidate

829 NW 55 ST

Address

Miami FL 33127

City State ZIP Code

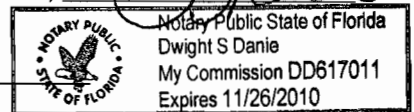
The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribe before me this 17 day of September, 2009.

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

DSD

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



Personally Known OR Produced Identification Type of Identification Produced Driver's License 5152-556-67-782-1



Voter Information Card
Miami-Dade County, FL

tarjeta de información del elector
Condado de Miami Dade, FL

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Michelle Rene Spence
829 NW 55Th ST
Miami FL 33127

ISSUED
MIAMI-DADE
ENPRIME

10/07/08

**Bring photo identification
when voting.**

Registration No.
Núm de inscripción
Nim. Enskripsyon

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

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

109991752

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Edison Towers
5821 NW 7 Ave

Precinct No. | Identification Data | Registration Date
Núm. del recinto | Datos de identificación | Fecha de inscripción
Nim. Biwo Vòt | Info. Idantifikasyon | Dat Enskripsyon

521 | 8/2/1967 | 8/5/2001

Party Affiliation | Afiliación partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

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

You are eligible to vote for the representatives from the districts listed below
Usted es elegible para votar por los representantes de los distritos nombrados abajo
Wèlchib pou w vote pou reprezantan ki nan distri ki eka anba la yo

Congress | State Senate | State House
Congreso | Senado Estatal | Cámara Estatal
Kongrè | Sena Eta a | Lacham Eta a

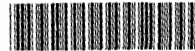
17 | 39 | 109

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

3 | 2 | 0

Municipal | Municipal | Minisipalite

MIAMI



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RECORDS & COMMUNITY RELATIONS
CITY OF MIAMI, FL



My Account Summary

Welcome, **Michelle Spence Jones**

Account Number: ? [Access Another Account](#)

Service Address: 829 Nw 55th St

Total Amount Owed	\$0.00	Pay My Bill >
New Charges Due By		View My Bill >
Sep 8, 2009		Payment History >
Last Payment		Billing History >
\$319.94		
Date Received		
Aug 30, 2009		

FPL PROGRAMS

Billing Options

▼ [FPL E-Mail Bill®](#) Enrolled

Discontinue

• [CheckFree® & Your Local Bank](#) [Enroll Now](#)

Payment Options

• [FPL Automatic Bill Pay®](#) [Enroll Now](#)
▼ [FPL Pay Online](#) Enrolled

Make Payment

Edit Bank Info


Edit/Cancel Scheduled Payment

Discontinue

• [All Payment Options](#) [See Options](#)

Bill Management Options

• Payment Reminder®	Unsubscribe
• FPL Budget Billing®	Enroll Now
• FPL Friendly Reminder®	Enroll Now
• Payment Extension	Request Extension



Open the door to energy savings
Start your energy survey >

Account Information

Mailing Address: [Update](#)

- 829 Nw 55th St
- Miami FL, 33127

Phone Number: [Update](#)

- (305)757-0230

Email Address: [Update](#)

- [Change Email Preferences](#)

Deposit Amount:

- \$0.00

Save Energy & Money

- [Common Causes of High Bills](#)
- [Top 10 Tips to Save Energy](#)
- [Online Home Energy Survey](#)

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 RISOLO, JENNIFER
 CITY OF MIAMI, FL



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 TRISCULL, BRADY & SHIPSON
 CITY CLERK
 CITY OF MIAMI, FL

Billing / Charges History

Visit these sections for helpful tips on energy savings:

- For Your Business.
- For Your Home.

Help make your home electric bill more predictable with **FPL Budget Billing.**

The e-mail address we have for this account is [redacted] [Access e-mail update](#) to make changes.

Note: This page may include some debits that were billed after the last statement was issued. Some miscellaneous debits may not be displayed.

Access Another Account

FPL Account Number:

Date	Service Days	KWH Used	Debit Amount	Description of Charges
08/18/2009	29	2494	\$319.94	Electric Bill
07/20/2009	32	2649	\$340.86	Electric Bill
06/18/2009	30	1960	\$247.86	Electric Bill
05/19/2009	29	1991	\$255.09	Electric Bill
04/20/2009	31	1643	\$210.22	Electric Bill
03/20/2009	29	1339	\$168.25	Electric Bill
02/19/2009	29	1703	\$218.50	Electric Bill
01/21/2009	35	1381	\$174.54	Electric Bill
12/17/2008	33	1413	\$180.78	Electric Bill
11/14/2008	29	1491	\$191.69	Electric Bill
10/16/2008	29	2056	\$270.62	Electric Bill
09/17/2008	30	2366	\$313.99	Electric Bill
08/18/2008	31	2298	\$304.46	Electric Bill
07/18/2008	30	2577	\$321.24	Electric Bill
06/18/2008	30	2177	\$268.77	Electric Bill
05/19/2008	31	1917	\$234.67	Electric Bill
04/18/2008	29	1419	\$169.29	Electric Bill

03/20/2008	29	1248	\$146.85	Electric Bill
02/20/2008	29	1155	\$134.65	Electric Bill
01/22/2008	35	1455	\$174.01	Electric Bill
12/18/2007	33	1237	\$146.62	Electric Bill
11/15/2007	29	1862	\$229.19	Electric Bill
10/17/2007	29	2177	\$270.90	Electric Bill
09/18/2007	32	2745	\$345.97	Electric Bill

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ABOUT SSL
CERTIFICATES

MISCIT
CITY OF MIAMI FL
2009 SEP 17 PM 1:21
MIAMI SOU

STIN ARPS PROPERTY SYSTEM - STREET INQUIRY (13)

STREET ID: 080431 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--
0761 - 0899 NW 55 ST 1 ODD

FACE:	S	PRIMARY ZONE:	EMPOWERMENT ZONE:	N
ZIP CODE:	331271800	SD1 ZONE:	LATIN QUATERS:	N
CENSUS TRACT:	1904	SD2 ZONE:	VOTING DISTRICT:	05
CENSUS BLOCK:	1027	DDRI ZONE:		
FIRE 901 ZONE:	1047	SEOPWDRI ZONE:		
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:		
NBHD CODE:	03	SCENIC CORRIDOR:		
SUB NBHD CODE:	02	PEDESTRIAN PATHWAY:		
SOLID WASTE ROUTE:	106	OMNI TAX DISTRICT:		
TRASH ROUTE:	00	DDA DISTRICT:		
STREET CLEAN ROUTE:	000	CD TARGET AREA:		02

NEXT STREET:
HOUSE NO: QUAD: NAME: TYPE:
ACTION: 1-CONTINUE

ACTION:
XMIT:

RISCH
CITY OF MIAMI FL

2009 SEP 17 PM 1:21

PROPERTY

RECEIVED

2009 SEP 17 PM 1:22

PRISCILLA J. THOMPSON
CITY CLERK
CITY OF MIAMI FL



Florida *The Sunshine State*
DRIVER LICENSE CLASS E
S152-556-67-782-0
MICHELLE RENE A SPENCE
829 NW 65TH ST
MIAMI, FL 33127-1825
DOB: 08-02-1967 SEX: F HGT: 5-04
ISSUED: 08-01-2006
EXPIRES: 08-02-2011



M

ORGAN DONOR X630806092925 SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law

RECEIVED
2009 SEP 17 PM 1:22
RISCH... RYANSON
CITY OF MIAMI FL

MICHELLE SPENCE JONES
CAMPAIGN FUND
8523 NW 164th Street
Miami Lakes, FL 33016

299
63-466/631

PAY TO THE
ORDER OF

City of Miami
\$ 682.00

DOLLARS



Security Features logo

REGIONS

Quality, Inc

Diana M. M...
MP

000297

0831046681 0077632036

2009 SEP 17 PM 1:22
MUSCATA
CITY OF MIAMI
CITY OF MIAMI



City of Miami
OFFICIAL RECEIPT

No. 338937

\$ 1082

Sales Tax \$

Total \$ 1082

Date: 9/17/2009

/100 Dollars

Received from:

Six Advanced Eighth Floor + org, etc
Mizelle Spence
Same Company

Address:

8573 NW 144 St. Miami Lakes FL 33016

For:

Queen I. Gym

Reference No.:

Check # 299

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:

City Clerk

Department:

City Clerk

Division:

Electric

C FN/TM 402 Rev 03/03

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