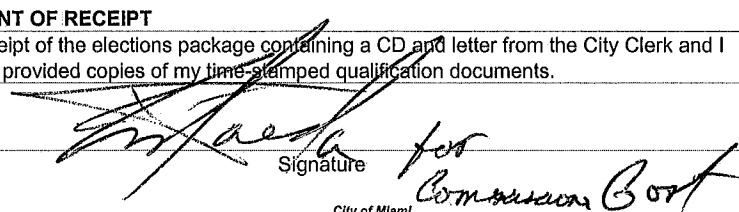


Candidate Qualification Checklist

QUALIFYING A CANDIDATE RECEIVED		Print Candidate Name
DOCUMENT PRE-CHECK		2010 AUG 18 PM 1:34
<input checked="" type="checkbox"/> Voter's Registration Card <input checked="" type="checkbox"/> Picture ID <input checked="" type="checkbox"/> Proof of Residency <input checked="" type="checkbox"/> Campaign Check (Com-\$682 Mayor-\$1,600) affidavit/certificate		PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI, FL
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)	<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 (copy of copy difficult to read), 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, affidavit, 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 (\$1,600 for mayor; \$682 for commissioner) made payable to City of Miami. Or Affidavit(s). Or Petition Certificate. Make 1 copy - put original check in safe.	<input checked="" type="checkbox"/> ✓
G	Write receipt for check. Make 1 copy, return original to candidate.	<input 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 checked="" 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 or affidavit, ARPS, Copy of Driver's License, Copy of Check or affidavit(s), 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 (see N below), 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"/> ✓
 Signature		8/18/2010 Date

STATE OF FLORIDA
 APPOINTMENT OF CAMPAIGN TREASURER
 AND DESIGNATION OF CAMPAIGN
 DEPOSITORY FOR CANDIDATES
 (Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

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2010 APR -8 AM 9:06

PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Wilfredo Gort

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

2660 NW 14th Avenue
 Miami, FL 33142

4. Telephone (optional)

()

5. E-mail address (optional)

6. Office sought (include district, circuit, group number)

Commissioner District One

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Fausto Alvarez

11. Mailing Address (If post office box or drawer, also include street address)

2828 Coral Way Suite 300

12. Telephone

(305) 442 1010

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33145

17. E-mail address (optional)

fausto@bellsouth.net

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

US Century Bank

20. Street Address

2301 NW 87th Avenue

21. City

Miami

22. County

Dade

23. State

FL

24. Zip Code

33172

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

04-06-10

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, FAUSTO ALVAREZ, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

04-06-10

Date

X

Seawick

Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

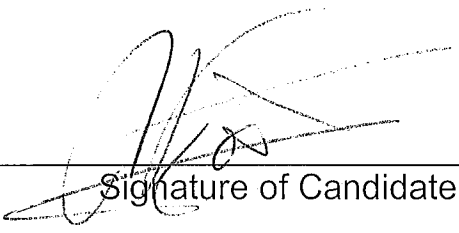
2010 APR - 8 AM 9:06
OFFICE USE ONLY
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, Wifredo Bort,
candidate for the office of Commissioner District 1 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

4-5-2010
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).

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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)

WIFredo GORT (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is WIFredo GORT.

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 1 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. 980.

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

2660 NW 14 AVE MIAMI, FLA 33142, which is my legal address, and I have resided continually at said address from the 1 day of 1962 to the present DATE

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>NA</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:

NA

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

2660 NW 14 AVE MIAMI, FLA 33131

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

NA

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:

MFR SECURITIES

1000 BRICKELL AVE SUITE 600 MIAMI FL 33131

10. Affiant's occupation: _____

BANKER

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

APRIL 2009 TO PRESENT

(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).

NA

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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CITY CLERK
CITY OF MIAMI, FL

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:

1101 NW 29 AVE Miami FLA

Affiant's campaign treasurer's name:

FAUSTO ALVAREZ

*Affiant's campaign treasurer's address:

2828 CORNWAY Suite 300, Miami FLA 33131

Telephone numbers: (work) 3

(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:

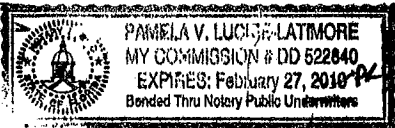
Wifredo (Willy) Gort

SIGNED THIS 18th DAY OF August, 2010.

[Signature]
AFFIANT

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

[Signature]
CITY CLERK,
CITY OF MIAMI, FLORIDA



(SEAL)

Did take an oath

Produced identification

Type of identification produced: Personally Known

FINANCIAL INTERESTS

RECEIVED

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

GORT WIFREDO

MAILING ADDRESS :

2660 N.W. 14 Ave

CITY :

Miami

ZIP :

33142

COUNTY :

Miami-Dade

NAME OF AGENCY :

City of Miami Commissioner - District 1

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City of Miami Commissioner - District 1

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:

2010 AUG 18 PM 1:34

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

ID Code

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, 2009 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] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
M.F.R. Securities, Inc.	1000 Brickell Ave, Suite 500	Investment Banker

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
City of Miami	Pension	3500 Pan American	N/A
State of Florida	Pension	Tallahassee, FL.	N/A
Social Security	Retirement		N/A

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

101 Burgandy Drive	Tavernier, Florida
1 Lot Lake Haven, Florida	
PB7 PG161 Lot 29 BLK 29	

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.

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CITY CLERK
CITY OF MIAMI, FL

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] (If you have nothing to report, you must write "none" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
C.D. Account	Ocean Bank
Savings Account	Ocean Bank
I.R.A. Account	M.M.L Investors Service, Inc.

PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Sallie Mae	Post office Box 147023 Hainsville, FL 32614-7023
Bank of America	1313 N.W. 30 Street Miami, FL 33142

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] (If you have nothing to report, you must write "none" or "n/a")			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A	N/A
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):

06/11/10

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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OFFICIAL USE ONLY
CITY OF MIAMI, FL

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

STATE OF FLORIDA

Miami-Dade COUNTY

(PLEASE PRINT)

I,

<u>Wifredo</u> First Name	<u>/</u> Middle Name/Initial	<u>GORT</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, Wifredo (Willy) GORT
(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 1, _____
(office) (district) (circuit)
_____. I am a qualified elector of _____ 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

[Signature]
Signature of Candidate

2060 NW 14th Ave Miami FLA 305-798-0747 N/A
Mailing Address Day Phone Fax Number

Miami FLA 33131 8/18/10
City State Zip Code Date Signed

STREET ID: 037060 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--
2650 - 2698 NW 14 AV 0 EVEN

FACE: E PRIMARY ZONE: EMPOWERMENT ZONE: Y
ZIP CODE: 331427650 SD1 ZONE: LATIN QUARTERS: N
CENSUS TRACT: 2900 SD2 ZONE: VOTING DISTRICT: 01
CENSUS BLOCK: 3004 DDRI ZONE: N
FIRE 901 ZONE: 0891 SEOPWDRI ZONE: N
FIRE SFBC ZONE: 3A HIST PRESVN DIST: N
NBHD CODE: 05 SCENIC CORRIDOR: N
SUB NBHD CODE: 04 PEDESTRIAN PATHWAY: N
SOLID WASTE ROUTE: 112 OMNI TAX DISTRICT: N
TRASH ROUTE: 00 DDA DISTRICT: N
STREET CLEAN ROUTE: 000 CD TARGET AREA: 03

NEXT STREET:

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

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CITY CLERK
CITY OF MIAMI, FL

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL



*0005860

1306 NW 7TH AVE MIAMI FL 33136-2330
8495 6000 JW RP :15 11162008:YYNYY

WILFREDO TAMARA GORT
2660 NW 14TH AVE
MIAMI FL 33142-7650



November 15, 2008

Statement of Service



✓ indicates the Comcast services you subscribe to

Account no.
8495 60 044 1823921
Wilfredo Tamara Gort

Contact us
Online at: www.comcast.com/support
By Email at: www.comcast.com/contactus/
Live Chat at: www.comcastsupport.com/chat

Residential: 305-COMCAST
Business/Commercial: 800-316-1619
Outside Dade County: 800-568-1212

Account Information

Want one less check to write? Sign up for Comcast PayDirect and have your monthly payment withdrawn automatically. Go to www.comcast.com.

Demand more at Comcast

Solo \$.79 por minuto para llamar a Cuba! Sin cargos mensuales o de acceso! Por que pagar mas para hablar con la familia y amigos en cuba? Llame hoy y obtenga Digital Voice de Comcast 305-COMCAST

Payment Centers - Miami: 1306 NW 7th Ave., Hialeah: 2151 W 62nd St., Mon - Fri 9am-6pm, Sat. 10am-2pm, Coral Gables: 388 Minorca Ave., Mon - Fri. 8:30am-6:pm, (Closed 1pm-2pm), Sat. 10am-2pm. For your convenience. Check Cashing Stores process Comcast payments.

Summary See the back for details

Billed from 11/21/08 - 12/20/08

Previous balance	\$97.14
Payments received	-97.14
Comcast Cable Television	84.88
Taxes, surcharges, and fees	12.26

Total due by 12/05/08 \$97.14

Handwritten notes in a circle: 11/17, 12/3/08, 97.14, 97.14, 12/3/08



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CITY CLERK
CITY OF MIAMI, FL



Service Details

Contact us: @ www.comcast.com 305-COMCAST

Account Number 8495 60 044 1823921
Billing Date 01/15/10
Total Amount Due \$110.63
Payment Due By 02/04/10
Page 2 of 2



Comcast Cable Television

Digital Preferred	01/21 - 02/20	71.94
DVR/HDTV Service	01/21 - 02/20	15.95
Digital Service -	01/21 - 02/20	6.95
Additional Outlet		
Total Comcast Cable Television		\$94.84

Other Charges & Credits

Convenience Fee	12/25	1.99
Total Other Charges & Credits		\$1.99

Taxes, Surcharges & Fees

Cable Television		
State Communications Service Tax		8.10
Local Communications Service Tax		5.06
Sales Tax		0.48
FCC Regulatory Fee		0.07
County Access Fee		0.09
Total Taxes, Surcharges & Fees		\$13.80

Important Account Information

Any check returned for non-sufficient, insufficient or unrecovered funds may be electronically represented to your bank for payment for a period up to 180 days after your check was returned





Account Number 8495 60 044 1823921
 Billing Date 01/15/10
 Total Amount Due \$110.63
 Payment Due By 02/04/10
 Page 1 of 2

Contact us: @ www.comcast.com 305-COMCAST

Wilfredo Tamara Gort

For service at:
 2660 NW 14TH AVE
 MIAMI, FL 33142-7650

News from Comcast

Payment Centers -
 Miami: 1306 NW 7th Ave.,
 Hialeah: 2151 W 62nd St., Mon - Fri 9am-6pm, Sat. 10am-2pm,
 Coral Gables: 388 Minorca Ave., Mon - Fri. 8:30am-6:pm,
 (Closed 1pm-2pm), Sat. 10am-2pm. For your convenience,
 Check Cashing Stores process Comcast payments.

Want one less check to write? Sign up for Comcast PayDirect and have your monthly payment withdrawn automatically. Go to www.comcast.com.

Monthly Statement Summary

Previous Balance	224.16
1-Time EFT Payment - 12/24/09	-107.79
Payment - 01/07/10 - Thank You	-116.37
New Charges - see below	110.63
Total Amount Due	\$110.63
Payment Due By	02/04/10

New Charges Summary

<input type="checkbox"/> Comcast Cable Television	94.84
Other Charges & Credits	1.99
Taxes, Surcharges & Fees	13.80
Total New Charges	\$110.63

Thank you for being a valued Comcast customer!

*PAID
 2/2/10
 Cash #9706
 110.08*

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL



Voter Information Card
Miami-Dade County, FL

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

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

WIFREDO GORT
2660 NW 14TH AVE
MIAMI FL 33142

ISSUED
EMITIDA
ENPRIME

02/24/06

**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 lè w'ap vin vote.**

108953681

Identification Data
Datos de identificación
Enfo. Idantifikasyon

Precinct No.
Núm. del recinto
Nim. Biwo Vot

12/09/40

980

Registration Date
Fecha de inscripción
Dat Enskripsyon

Party Affiliation
Afiliación partidista
Pati Politik

04/03/62

NPA

Polling Place | Centro de votación | Lokal Biwo Vot

COMSTOCK ELEM SCHOOL

2420 NW 18 AVE

Lester Sola

Supervisor of Elections | Supervisor de Elecciones | Sipevize Eleksyon

DRIVER LICENSE
CLASS E
Florida



The Sunshine State

LICENSE NUMBER

G630-880-40-449-0

WILFREDO GORT
2660 NW 14 TH AVE
MIAMI, FL 33142-7650

BIRTH DATE SEX HGT. REST. ENDORSE.
12-09-40 M 5-08

ISSUED EXPIRES DUPLICATE
12-02-04 12-09-10 12-03-04



SAFE DRIVER

TD10412030110

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

AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT

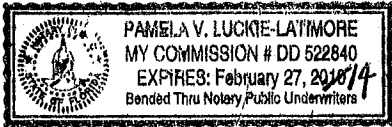
2010 AUG 18 PM 1:34

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, Wifredo Gort, a candidate for the office of
Commissioner District 1 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 Willy.

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

Signature of Affiant



Address of Affiant

2060 NW 14th Ave Miami, FL 33140

Sworn to (or affirmed) and subscribed before me this 18th day of

August

2010

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: Personally Known

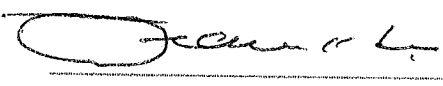
Name WILFREDO (WILLY) GORT CAMPAIGN 4499

Account No _____ Date _____

Pay to the Order of City of Miami \$ 682 ⁰⁰/₁₀₀

Six hundred eighty two ⁰⁰/₁₀₀ Dollars

 **U.S. CENTURY BANK**
 Coral Gables Branch
 3001 Ponce De Leon Blvd
 Coral Gables, Florida 33134

For _____  MP

⑆06 70 1539 7⑆ 188 2000 379⑆

Harland Clarke GUARDIAN SAFETY® BLUE

RECEIVED
2010 AUG 18 PM 1:35
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL



City of Miami
OFFICIAL RECEIPT

No. 372829

\$ 682 Sales Tax \$ _____ Total \$ 682
Date: 8/18/2010

Received from: Six Hundred Eight Two & 00/100
Wilfredo G. Campen /100 Dollars

Address: 2328 Coral Way Suite 300 Miami FL 33131

For: Campen Quality Reference No: Order # 4499

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: [Signature]
Department: City Clerk
Division: Electron

C FN/TM 402 Rev. 03/03

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

RECEIVED
2010 AUG 18 PH 1:35
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL