

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

(PLEASE TYPE)

OFFICE USE ONLY  
**RECEIVED**

10 OCT 19 AM 9:12

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate

Wifredo Gort

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

2660 NW 14th Ave, Miami, FL 33142

Telephone (optional)

2. Party (Partisan candidates only)

NA

3. Office (add district, circuit or group number)

Commissioner District 1

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

Fausto Alvarez

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

2828 Coral Way Suite 300

6. Telephone

305 442 1010

7. City

Miami

8. County

Dade

9. State

Florida

10. Zip Code

33145

I have designated the following named bank as my

Primary Depository

Secondary Depository

11. Name of Bank

US Century Bank

12. Street Address

2301 NW 87th Avenue

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33172

17. Signature of Candidate

X

Date

10-14-10

**Campaign Treasurer's Acceptance of Appointment**

I, Fausto Alvarez

(Please Print or Type)

, do hereby accept the appointment as

Campaign Treasurer

Deputy Treasurer

for the campaign of

Wifredo Gort

who is seeking nomination or election as a

Commissioner

candidate to the office of

(Party)

City of Miami

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.

10-6-10

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

10 OCT 19 AM 9:12

OFFICE USE ONLY  
DELA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

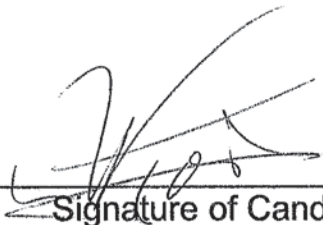
I, Wifredo Gort,

candidate for the office of Commissioner City of Miami;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X

  
Signature of Candidate

10-6-10

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).

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

(PLEASE PRINT OR TYPE)

RECEIVED  
2011 SEP -2 PM 2:09  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer Deputy     Depository     Office     Party

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

WIFREDO GORT

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

2660 N.W. 14 AVE  
MIAMI, FL. 33142

**4. Telephone**

( )

**5. E-mail address**

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

Commissioner District 1

**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**

TATIANA MARIA GORT

**11. Mailing Address**

2660 N.W. 14 AVENUE

**12. Telephone**

(305) 323-9123

**13. City**

MIAMI

**14. County**

DADE

**15. State**

FL.

**16. Zip Code**

33142

**17. E-mail address**

TGORT@DELLSOUTH.NET

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

**19. Name of Bank**

U.S. CENTURY BANK

**20. Address**

2301 N.W. 87 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**

9/2/11

**26. Signature of Candidate**

X 

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

I, TATIANA MARIA GORT, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

9/2/11  
Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2011 SEP -2 PM 2:09

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy       Depository       Office       Party

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

WIFREDO GORT

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

2660 N.W. 14 AVENUE  
MIAMI, FL. 33142

**4. Telephone**

( )

**5. E-mail address**

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

COMMISSIONER DISTRICT 1

**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**

WIFREDO GORT

**11. Mailing Address**

2660 N.W. 14 AVENUE

**12. Telephone**

(305) 635-9653

**13. City**

MIAMI

**14. County**

DADE

**15. State**

FL.

**16. Zip Code**

33142

**17. E-mail address**

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

**19. Name of Bank**

US CENTURY BANK

**20. Address**

2301 N.W. 87 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**

SEPT. 02, 2011

**26. Signature of Candidate**

X

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

I, WIFREDO GORT, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:       Campaign Treasurer       Deputy Treasurer.

SEPT. 02, 2011

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

AFFIDAVIT OF CANDIDATE  
CITY OF MIAMI, FLORIDA

2011 SEP -2 PM 2: 37  
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 14th Ave Miami, FL 33142,  
which is my legal address, and I have resided continually at said address from the 1 day of 1962 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>N/A</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)

2660 NW 14th Ave Miami, FL

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

N/A

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 500 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 2004 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).

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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CITY CLERK  
CITY OF MIAMI, FL.

The definition of "city board" is found in Section 2-882 of the Miami City Code.

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

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

1101 NW 29th Ave Miami, FL

Affiant's campaign treasurer's name:

Fausto Alvarez

\*Affiant's campaign treasurer's address:

2828 Coral Way Suite #300, Miami, FL 33131

Telephone numbers: (work) \_\_\_\_\_

(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

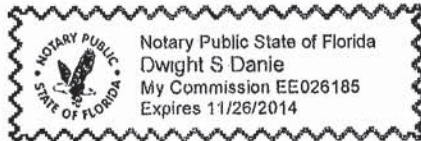
SIGNED THIS 2 DAY OF September, 2011.

[Signature]  
AFFIANT

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

[Signature]  
for  
CITY CLERK,  
CITY OF MIAMI, FLORIDA

(SEAL)



\_\_\_\_\_ Did take an oath

Produced identification

Type of identification produced: Danie's license

6630-880-40-449-0

# FORM 1

# STATEMENT OF

# FINANCIAL INTERESTS

RECEIVED

2011 SEP -2 PM 2:37

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Gort, Wifredo

MAILING ADDRESS :

2660 NW 14th Ave

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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

**\*\*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 (must check one):



DECEMBER 31, 2010

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 FEWER THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must 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
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 Havevn, Florida	
PB7 PG61 Lot 28 Bl K 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.



**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
CD Account	Ocean Bank
Savings Account	Ocean Bank
I.R.A Account	M.M.L Investors Service, Inc

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 CITY CLERK  
 CITY OF MIAMI, FL.

**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	PO BOX 147023 Gainesville, FL 32614-7023

**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):

9/2/11

**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

RECEIVED

2011 SEP -2 PM 2:37

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

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

I, Wifredo \_\_\_\_\_ Gort

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.

*[Signature]*  
\_\_\_\_\_  
Signature of Candidate

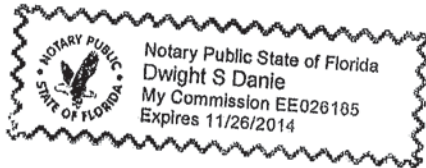
OATH OF CANDIDATE  
OFFICE OF CITY OF MIAMI COMMISSIONER

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

Wifredo (Willy) Gort

(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 1; 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]*  
\_\_\_\_\_  
Signature of Candidate

2660 NW 14th Ave

Address

Miami, FL 33142

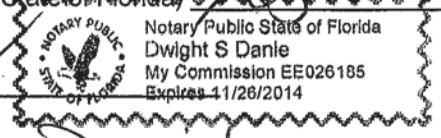
City State ZIP Code

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

and subscribe before me this 2 day of September, 2011.

(Signature of Officer Administering the Oath, or of designated Notary Public - State of Florida) *[Signature]*

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



Personally Known OR Produced Identification Type of Identification Produced Domestic  
6630-890-40-4490

Voter Name: (last, first) **Gort, Wifredo**  
 FL Voter Reg. System ID: **108953681**  
 Registration Date: **Tuesday, April 3, 1962**  
 Birth Date: **Monday, December 9, 1940**  
 Street Address: **2660 NW 14Th Ave**  
 Precinct: **980**  
**Precinct statistics**  
**Office Holders**  
 Mailing Address: **2660 NW 14Th Ave**  
**Miami FL**  
**33142**  
 Party Affiliation Code: **NPA**  
 Voter Status: **You are currently eligible to vote in this county.**  
 I wish to change my voter registration information

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 PRISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL.

Fri Sep 02 2011 10:12:08

**Future Elections**

**Miami General Municipal Election**

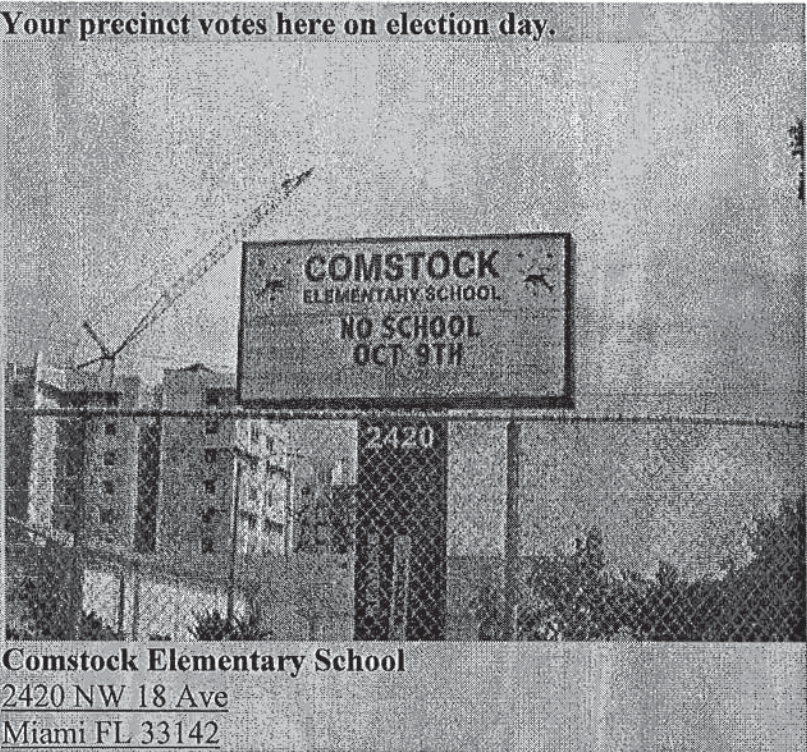
Your precinct votes here on election day.

Sample Ballot

Election Date Tuesday, November 1, 2011  
 Registration Closes Monday, October 3, 2011  
 Early Voting Starts Saturday, October 22, 2011  
 Early Voting Ends Saturday, October 29, 2011

Would you like to request an absentee/mail ballot for this election?

Absentee/Mail Ballot Request



**Comstock Elementary School**  
 2420 NW 18 Ave  
 Miami FL 33142

**Past Elections**

**2010 General Election**

Sample Ballot

Election Date Tuesday, November 2, 2010  
 Registration Monday,

Closes October 4, 2010

Early Voting Starts Monday, October 18, 2010

Early Voting Ends Sunday, October 31, 2010

You voted at the voting location

**Miami-Dade County Special Election**

Sample Ballot

Election Date Tuesday, March 15, 2011

Registration Closes Monday, February 14, 2011

Early Voting Starts Monday, February 28, 2011

Early Voting Ends Sunday, March 13, 2011

You voted at the voting location

**Miami-Dade County Special Election**

Sample Ballot

Election Date Tuesday, May 24, 2011

Registration Closes Monday, April 25, 2011

Early Voting Starts Monday, May 9, 2011

Early Voting Ends Sunday, May 22, 2011

You voted at the voting location

**Miami-Dade County Special Run-Off**

Sample Ballot

Election Date Tuesday, June 28, 2011

Registration Closes Tuesday, May 31, 2011

Early Voting Starts Saturday, June 18, 2011

2011 SEP - 2 PM 2: 38  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

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Early Voting Saturday, June  
Ends 25, 2011  
You voted at the voting location

RECEIVED

2011 SEP -2 PM 2:38

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

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

Page 1 of 7  
Account Number [REDACTED]  
Billing Date Aug 16, 2011  
Web Site att.com



## Monthly Statement

### Bill-At-A-Glance

Previous Bill	772.97
Payment - Thank You!	772.97CR
Adjustments	.00
Balance	.00
Current Charges	350.55
<b>Total Amount Due</b>	<b>\$350.55</b>
Amount Due in Full by	Sep 7, 2011

### Billing Summary

Questions? Visit att.com	Page	
<b>Plans and Services</b>	1	68.13
1 888 757-6500		
Repair Service:		
1 877 737-2478		
<b>AT&amp;T Long Distance Service</b>	2	19.17
1 888 757-6500		
<b>Internet Services</b>	2	14.90
1 888 321-2375		
<b>AT&amp;T Wireless Services</b>	3	248.35
1 888 757-6500		
<b>Total Current Charges</b>		<b>350.55</b>

### AT&T Benefits

• Thank you for choosing a package plan tailored for your needs. AT&T lets you choose how, when and where you communicate.

#### • SPECIAL OFFER!

It's a privilege to have you as a customer and we are grateful you have chosen AT&T. To show our appreciation, we want to offer you a single low-price bundle for all your AT&T services. When you call, ask one of our service representatives to help you select the wireless, home phone and digital TV service to best fit your needs and your budget. To learn more, call 1.866.297.9954, or visit att.com/lowprices now.

### Detail of Payments and Adjustments

Item No.	Date	Description	Adjustments	Payments
1.	7-18	Payment		407.17
2.	8-07	Payment		365.80
Totals				772.97

### Plans and Services

#### Promotions and Discounts

Item No.	Description	
3.	Equipment-Inside Wire Protection Plan	3.51CR

#### Monthly Service - Aug 16 thru Sep 15

4.	<b>Complete Choice®</b>	38.00
	Telephone Line (Includes Touch-Tone Service)	
	Three-Way Calling	
	30 Code Speed Calling	
	8 Code Speed Calling	



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

2011 SEP -2 PM 2:38  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

RECEIVED

Paying by check authorizes AT&T to use the information from your check to make a one-time electronic fund transfer from your account. Funds may be withdrawn from your account as soon as the same day your payment is received. If we cannot process the transaction electronically, you authorize AT&T to present an image copy of your check for payment. Your original check will be destroyed once processed. If your check is returned unpaid you agree to pay such fees as identified in the terms and conditions of your AT&T Service Agreement. Returned checks may be presented electronically. If you want to save time and stamps, sign up for auto payment at [www.att.com/stoppaper](http://www.att.com/stoppaper) using your checking account. It's easy, secure, and convenient!



at&t

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

Page 3 of 7
Account Number
Billing Date Aug 16, 2011

Internet Services

Itemized Charges and Credits - Continued

From August 01 through August 31

Table with 2 columns: Description and Amount. Includes FastAccess DSL Discount (20.00CR), Total Billed on Behalf of BellSouth Telecommunications, Inc (14.90), Total Itemized Charges and Credits (14.90), and Total Internet Services (14.90).

AT&T Wireless Services

Important Information

AT&T Surcharges

AT&T surcharges include: Regulatory Cost Recovery Charge to recover costs to comply with government assessments and regulations; Universal Service Charges; and gross receipts charges. They are not taxes and are subject to change.

DirectBill Charges

Detail of DirectBill charges can be viewed at att.com/directbill. The direct billing option offers you the ability to purchase products such as ringtones, games, graphics and wireless software from AT&T preferred Internet merchants.

Important Update for Unlimited Data Plan Customers

To provide the best possible network experience, starting 10/01/11, smartphone customers with unlimited data plans whose usage is in the top 5% of users can still use unlimited data but may see reduced data speeds for the rest of their monthly billing cycle. We'll alert you if you near the top 5%. To avoid slowed speeds you may use Wi-Fi or choose a tiered data plan. Details @ att.com/dataplans.

Wireless Summary

Cycle Dates: Jul 7, 2011 - Aug 6, 2011

Table with 2 columns: Description and Amount. Includes Monthly Service (\$214.97), Credits, Adjustments and Other Charges (\$6.29), Voice Usage (\$1.99), Data Usage (\$0.03), Taxes (\$25.07), and Total Wireless Charges (\$248.35).

Mobile Charges Summary

305 302-2108 Group: 1

Table with 2 columns: Description and Amount. Includes TAMARA GORT, Monthly Service (\$39.99), Credits, Adjustments and Other Charges (\$0.82), Taxes (\$2.11), and Charges for this mobile (\$42.92).

305 323-9123 Group: 1

Table with 2 columns: Description and Amount. Includes TAMARA GORT, Monthly Service (\$134.99), Credits, Adjustments and Other Charges (\$4.65), Voice Usage (\$1.99), Data Usage (\$0.03), Taxes (\$20.85), and Charges for this mobile (\$162.51).

786 443-2514 Group: 1

Table with 2 columns: Description and Amount. Includes TAMARA S. GORT, Monthly Service (\$39.99), Credits, Adjustments and Other Charges (\$0.82), Taxes (\$2.11), and Charges for this mobile (\$42.92).

Group Usage Summary - Group: 1

Voice

Rollover Summary

Table with 2 columns: Description and Amount. Includes Previous Balance (7,850), Unused Minutes Added (91), Minutes Expired (\*), Current Rollover Balance (8,765), and (\* Unused Plan Minutes Expired After 12 Billing Periods).

FTATUNTYNTN2100RUMUN

Table with 2 columns: Description and Amount. Includes 2974 Minutes Used by (305 302-2108), 2115 Minutes Used by (305 323-9123), 912 Minutes Used by (786 443-2514), 6001 Minutes Used by This Group, and 2100 Minutes Included.

Data

FTATUNTYNTN2100RUMUN

Table with 2 columns: Description and Amount. Includes 4,344 Text Messages Used by (305 302-2108), 217 Text Messages Used by (305 323-9123), 2,921 Text Messages Used by (786 443-2514), 7,482 Text Messages Used by This Group, 189 MMS Messages Used by (305 302-2108), 7 MMS Messages Used by (305 323-9123), 74 MMS Messages Used by (786 443-2514), and 270 MMS Messages Used by This Group.

305 302-2108 - TAMARA GORT

Monthly Service

Table with 2 columns: Description and Amount. Includes Aug 7 thru Sep 6 and 2. FTATUNTYNTN2100RUMUN (9.99).

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CITY CLERK
CITY OF MIAMI, FL.





at&t

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

Page 5 of 7  
Account Number [REDACTED]  
Billing Date Aug 16, 2011

**AT&T Wireless Services**

**305 323-9123 - TAMARA GORT - Continued**

**Voice Usage Summary**

**Unlimited M2M**

882 Minutes Used

**Unity Shared M2L**

442 Minutes Used

**Unlimited N&W**

236 Minutes Used

**2100 Rollover Mins**

555 Minutes Used

**Directory Assistance**

1 Calls Used

1. 1 Billed at \$1.99/Call 1.99

**Data Usage Summary**

**FAMILY MSG UNLIMITED**

217 Text Messages Used

**FAMILY MSG UNLIMITED**

7 Multimedia Messages Used

**DATA PAY PER USE**

3 Kilobytes Used

2. 3 Billed at \$0.01/KB .03

**Taxes**

3. 911 Service Fee .50

4. FL State Communications Tax 12.53

5. City Communications Tax 7.82

Total Taxes 20.85

**Total for 305 323-9123 162.51**

**786 443-2514 - TAMARA S. GORT**

**Monthly Service**

Aug 7 thru Sep 6

6. FTATUNTYNTN2100RUMUN 9.99

2100 Anytime Mins

Call Forward Conditional

Call Forward Immediate

Call Hold

Call Waiting

Caller ID

Direct Bill Detail

Family Talk

Nation GSM

Three Way Calling

7. AT&T Direct Bill .00

8. AT&T Domestic LD .00

9. AT&T Roam LD .00

Toll Domestic

Toll International

10. GSM Coverage Area .00

11. Roaming Airtime .79 .00

12. Unity Shared M2L .00

13. Unlimited M2M .00

14. Unlimited N&W .00

**786 443-2514 - TAMARA S. GORT - Continued**

15. VISUAL VM POSTPD .00

16. iPhone Customer .00

17. DATA PLAN IPHONE 30.00

18. Data Unlimited .00

DATA ACCESS

DATA ACCESS

19. FAMILY MSG UNLIMITED .00

Pict Video MSG

Text Messaging

Total Monthly Service 39.99

**Credits, Adjustments and Other Charges**

20. Regulatory Cost Recovery Charge .38

21. Federal Universal Service Charge .44

Total Credits, Adjustments and Other Charges .82

**Voice Usage Summary**

**Unlimited M2M**

793 Minutes Used

**Unity Shared M2L**

7 Minutes Used

**Unlimited N&W**

33 Minutes Used

**2100 Rollover Mins**

79 Minutes Used

**Data Usage Summary**

**FAMILY MSG UNLIMITED**

2,921 Text Messages Used

**FAMILY MSG UNLIMITED**

74 Multimedia Messages Used

**Data Unlimited**

134,149 Kilobytes Used

**Taxes**

22. 911 Service Fee .50

23. FL State Communications Tax .99

24. City Communications Tax .62

Total Taxes 2.11

**Total for 786 443-2514 42.92**

**Total AT&T Wireless Services 248.35**

Wireless services provided by AT&T Mobility

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CITY CLERK  
CITY OF MIAMI, FL.

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Account Number [REDACTED]  
 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.

*Handwritten note:*  
 P.D.  
 2/2/10  
 Check #9706  
 110.08

**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
<b>Total Amount Due</b>	<b>\$110.63</b>
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
<b>Total New Charges</b>	<b>\$110.63</b>

**Thank you for being a valued Comcast customer!**

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 PRISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL.



at&t

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

Page 7 of 7  
Account Number [REDACTED]  
Billing Date Aug 16, 2011

**Terms and Conditions**

**SERVICE INFORMATION**

Your local services are provided by AT&T Florida (BellSouth Telecommunications, Inc.). Your AT&T long distance services, if any, are provided by one or more of the following AT&T Inc. subsidiaries: AT&T Long Distance Service (BellSouth Long Distance, Inc.), AT&T Communications of the Southern States, LLC, and/or AT&T Corp. You can find the name of your long distance service provider in the long distance section of your bill. To view your provider's service publications, including Price Lists, Service Guides and/or Tariffs, go to [att.com/servicepublications](http://att.com/servicepublications).

**BILL DISCREPANCY**

AT&T strives to provide our valued customers the best service possible. However, if you have a bill discrepancy, you should notify AT&T within 60 days after the receipt of your AT&T bill.

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CITY CLERK  
CITY OF MIAMI, FL.



Account Number [REDACTED]  
 Billing Date 01/15/10  
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 Page 1 of 2

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 MIAMI, FL 33142-7650

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 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.

*PAID  
 2/2/10  
 Cash \$97.06  
 110.08*

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Thank you for being a valued Comcast customer!

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 PRISCILLA A. THOMPSON  
 CITY CLERK  
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Service Details

Contact us: www.comcast.com 305-COMCAST

Account Number	
Billing Date	01/15/10
Total Amount Due	\$110.63
Payment Due By	02/04/10

Page 2 of 2

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		
<b>Total Comcast Cable Television</b>		<b>\$94.84</b>

Convenience Fee	12/25	1.99
<b>Total Other Charges &amp; Credits</b>		<b>\$1.99</b>

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
<b>Total Taxes, Surcharges &amp; Fees</b>		<b>\$13.80</b>

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

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 PRISCILLA A. THOMPSON  
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Account Number

[Redacted]

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](http://www.comcast.com) 305-COMCAST

### Wilfredo Tamara Gort

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

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Other Charges & Credits	1.99
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<b>Total New Charges</b>	<b>\$110.63</b>

*Handwritten:*  
PAID  
2/2/10  
Chen 49706  
110.00

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

STIN

ARPS PROPERTY SYSTEM - STREET INQUIRY

(13)

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 QUATERS:	N
CENSUS TRACT:	2900	SD2 ZONE:	VOTING DISTRICT:	01
CENSUS BLOCK:	3004	DDRI ZONE:		
FIRE 901 ZONE:	0891	SEOPWDRI ZONE:		
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:		
NBHD CODE:	05	SCENIC CORRIDOR:		
SUB NBHD CODE:	04	PEDESTRIAN PATHWAY:		
SOLID WASTE ROUTE:	112	OMNI TAX DISTRICT:		
TRASH ROUTE:	00	DDA DISTRICT:		
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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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

**Florida** *The Sunshine State*

**DRIVER LICENSE CLASS E**  
**G630-880-40-449-0**

WILFREDO  
 GORT  
 2660 NW 14 AVE  
 MIAMI, FL 33142  
 DOB 12-09-1940 SEX M  
 ISSUED 11-16-2010 HGT 6-08  
 EXPIRES 12-09-2018

TEST  
 ENDORSE

*[Signature]*

**SAFE DRIVER**

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

RECEIVED  
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 PRISCILLA A. THOMPSON  
 CITY CLERK  
 CITY OF MIAMI, FL.

0100253000010200

www.flhsmv.gov

Rev Date 08-31-09  
 X061011161951  
 Director of Driver Licenses  
 Sandra C. Lambert  
 Executive Director  
 Julie Jones

CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs. or any RV

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE

The State of Florida retains all property rights herein.

RESTRICTIONS:  
 ENDORSEMENTS:



RECEIVED  
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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

WILFREDO GORT CAMPAIGN FUNDS  
2828 CORAL WAY, SUITE 300  
MIAMI, FL 33145

U.S. CENTURY BANK  
CORAL GABLES, FL 33134

63-1539/670

1032

PAY  
TO THE  
ORDER OF

*City of Miami*  
*Six hundred eighty two and 00/100*

DATE

*9/1/11*

*\$682.00/100*

DOLLARS

MEMO

*[Signature]*  
AUTHORIZED SIGNATURE



⑈001032⑈ ⑆067015397⑆ 1882000667⑈



City of Miami  
**OFFICIAL RECEIPT**

No. 327053

Date: 9 | 2 | 2011

\$ 682 Sales Tax \$ 682 Total \$ 1364 /100 Dollars

Received from: City of Miami

Address: 2000 NW 1st Ave Miami FL 33137

For: Canary Fee Reference No: Check # 1032

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: Election

Division: Election

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

C FN/TM 402 Rev. 03/03

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

**Candidate Qualification Checklist**

<b>QUALIFYING A CANDIDATE</b>		Print Candidate Name
<b>DOCUMENT PRE-CHECK</b>		
<input checked="" type="checkbox"/> Voter's Registration Card <input checked="" type="checkbox"/> Picture ID <input type="checkbox"/> Proof of Residency <input checked="" type="checkbox"/> Campaign Check (Com-\$682 Mayor-\$1,600)/affidavit/certificate		
<b>REQUIRED FORMS</b>		<i>W. Fredo Gort</i>
<b>1</b>	Appointment of Campaign Treasurer and Designation of Campaign Depository	<input checked="" type="checkbox"/>
<b>2</b>	Statement of Candidate	<input checked="" type="checkbox"/>
<b>3</b>	Affidavit of Candidate (Check for completeness, do not sign or notarize until end)	<input checked="" type="checkbox"/>
<b>4</b>	Form 1 Statement of Financial Interests for prior year (Check completeness)	<input checked="" type="checkbox"/>
<b>5</b>	State Loyalty Oath	<input checked="" type="checkbox"/>
<b>OPTIONAL FORMS</b>		
<b>6</b>	City Loyalty Oath (Notarize after checking for completeness)	<input checked="" type="checkbox"/>
<b>7</b>	County Ethics Declaration (Check for completeness)	

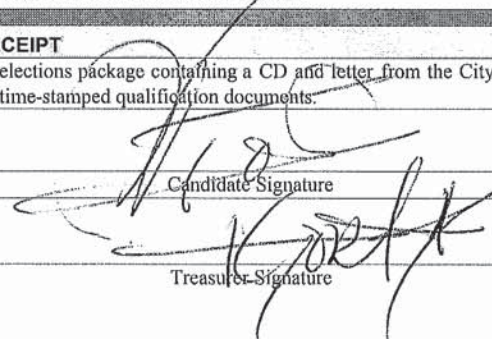
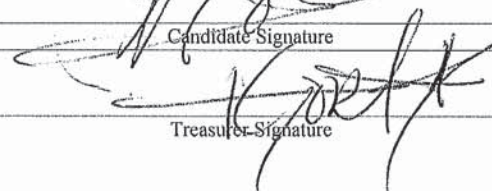
**TO DO**

<b>A</b>	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>B</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"/>
<b>C</b>	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"/>
<b>D</b>	Copy of Drivers license or other picture ID Highlight name and address.	<input checked="" type="checkbox"/>
<b>E</b>	Copy of Voter's registration card - verify precinct, Highlight precinct, commission district and address	<input checked="" type="checkbox"/>
<b>F</b>	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"/>
<b>G</b>	Write receipt for check. Make 1 copy, return original to candidate.	<input checked="" type="checkbox"/>
<b>H</b>	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. <b>"Do you swear (or affirm) that the statements in the affidavit are true and complete to the best of your knowledge and belief?"</b> 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**

<b>I</b>	Place Documents in following order: Appt of Treas, Statement of Candidate, Affidavit of Candidate, Form 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"/>
<b>J</b>	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"/>
<b>L</b>	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"/>
<b>M</b>	Have candidate sign form (see N below), then make 2 copies	<input checked="" type="checkbox"/>

**CANDIDATE ACKNOWLEDGMENT OF RECEIPT**

RECEIVED 2011 SEP -2 PM 2:39 PRISCILLA A. THOMAS CITY CLERK CITY OF MIAMI	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"/>
	 Candidate Signature	9/2/11 Date
	 Treasurer Signature	9/2/11 Date