

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

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

Jacquetta B. Colyer (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Jacquetta B. Colyer

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. 501.

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

295 NE 82 Street, Miami FL. 33138
which is my legal address, and I have resided continually at said address from the 1 day of May 2008 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 5121 NW 8th Ave

For the Period May 2006 - May 2008

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

N/A

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

N/A

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CITY OF 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:

The Children's Trust - 3150 S.W. 3rd Ave. Miami 33129

10. Affiant's occupation: Administrator - Director Neighborhood + Community Services

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

Dec, 2011 - 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).

CEO/Regional Director - Florida Department of Children + Families (DCF)

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 OF MIAMI, FLORIDA

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:

5121 NW 8th Ave - Miami, FL 33127 (786) 505-9855

Affiant's campaign treasurer's name:

Rasha Cameau

*Affiant's campaign treasurer's address:

570 N.W. 103 Street

Telephone numbers: (work) 305-915-2892

(home) 305-757-3030

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*[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:

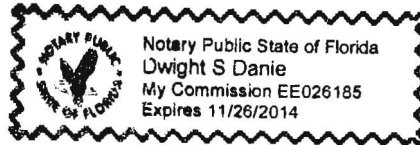
JACQUE COLYER

SIGNED THIS 19 DAY OF September, 2013

Jacq B. Colyer
AFFIANT

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

[Signature]
CITY CLERK,
CITY OF MIAMI, FLORIDA



(SEAL)

Did take an oath

Produced identification

Type of identification produced: Dwight's License

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
 Colver ("Jacqui") Jacquetta B.
 MAILING ADDRESS :
 5121 N.W. 8th Ave
 Miami, FL 33127
 CITY : ZIP : COUNTY :
 NAME OF AGENCY :
 Jacqui Colver Campaign
 City Commissioner District 5
 NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 City of MIAMI
 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

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 CITY OF MIAMI, FL

**** 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, 2012 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). CHECK THE ONE YOU ARE USING:
 COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
 (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 |
|--------------------------|---|---|
| The Childrens Trust | 3150 SW 3 rd Ave | Prevention Programs-Children |
| Barry University | 11310 NE 2 nd Ave, Mia. Shores | Higher Educ. |
| | | |

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

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| | | | |
| | | | |

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

294 NE, 82 Terr.
 3945 NW, 193 St, Miami Gardens, FL
 796 N.W. 52 St, Miami, 33127

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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, you must write "none" or "n/a")

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|---|
| N/A | |
| | |
| | |

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, you must write "none" or "n/a")

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|---------------------|
| N/A | |
| | |
| | |

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (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 | Round + Round | Transportation | |
| ADDRESS OF BUSINESS ENTITY | 1101 NW 74 St. | | |
| PRINCIPAL BUSINESS ACTIVITY | Transportation | | |
| POSITION HELD WITH ENTITY | Vice President | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | yes | | |
| NATURE OF MY OWNERSHIP INTEREST | co-owner | | |

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 CITY OF MIAMI, FL
 2011 SEP 17 AM 9:01
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IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

Jacq B. Kelly

9-15-13

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).

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.

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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

**CANDIDATE OATH -
CANDIDATE WITH NO PARTY AFFILIATION**

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CITY OF MIAMI, FL

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, JACQUI COLYER

(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 with no party affiliation for the office of City Commissioner, 5
(office) (district #)

/ ; I am a qualified elector of Miami-Dade County, Florida;
(circuit #) (group or seat #)

I am qualified 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X

Jacqui Colyer
Signature of Candidate

(305) 332-3326

Telephone Number

colyer4109@yahoo.com

Email Address

295 NE 82 St. Miami 33138

Address

City

State

Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109039290

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA

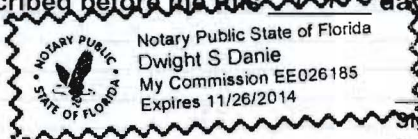
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 17th day of September, 2013.

Personally Known: or

Produced Identification:

Type of Identification Produced: Dennis Loran



Dwight S. Danie
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

INSTRUCTIONS: INSERTING PHONETIC SPELLING OF CANDIDATE'S NAME FOR AUDIO BALLOT

Use the PRONUNCIATION KEY below to provide pronunciations for ambiguous first names and surnames. Capitalize STRESSED syllables, use lower case for unstressed syllables. Use dashes (-) to separate syllables. You should also add any notes such as rhyming examples, silent letters, etc.

Samples:

| PRONUNCIATION KEY | |
|------------------------------|---------------------------------|
| Stressed Vowel Sounds | |
| EE | (FEET) feet |
| I | (FIT) fit |
| E | (BED) bed |
| A | (KAT) cat (KAD) cad |
| AH | (FAH-thur) father (PAHR) par |
| AH | (HAHT) hot (TAH-dee) toddy |
| UH | (FUHJ) fudge (FLUHD) flood |
| UH | (CHUHRCH) church |
| AW | (FAWN) fawn |
| U | (FUL) full |
| OO | (FOOD) food |
| OU | (FOUND) found |
| O | (FO) foe |
| EI | (FEIT) fight |
| AI | (FAIT) fate |
| OI | (FOIL) foil |
| YOO | (FYOOR-ee-uhs) furious |

| NAME ON BALLOT | PRONOUNCED AS |
|-----------------------|--------------------------|
| Mishaud | mee-SHO ('d' is silent) |
| Jahn | HAHN (rhyme: fawn) |
| Beauprez | boo-PRAI (rhyme: hooray) |
| Maniscalco | man-uh-SKAL-ko |
| Tangipahoa | TAN-ji-pah-HO-uh |
| Monte | Mahn-TAI |
| Tanya | TAWN-yuh (not TAN) |

| Unstressed Vowel Sounds | |
|--------------------------------|----------------------------------|
| uh | (SO-fuh) sofa (FING-guhr) finger |

| Certain Vowel Sounds with R | |
|------------------------------------|-------------|
| AHR | (PAHR) par |
| ER | (PER) pair |
| IR | (PIR) peer |
| OR | (POR) pour |
| OOR | (POOR) poor |
| UHR | (PUHR) purr |

| Consonant Sounds | | | |
|-------------------------|-------------------|----|---|
| B | (BED) bed | TS | (ITS) its (PITS-feeld) Pittsfield |
| D | (DET) debt | TH | (THEI) Thigh |
| F | (FED) fed | TH | (THEI) Thy |
| G | (GET) get | ZH | (A-zhuhr) azure (VI-zhuhn) vision |
| H | (HED) head | Z | (GOODZ) goods (HUH-buhz-tuhn) Hubbardston |
| HW | (HWICH) which | | |
| J | (JUHG) jug | | |
| K | (KAD) cad | | |
| L | (LAIM) lame | | |
| M | (MAT) mat | | |
| N | (NET) net | | |
| NG | (SING-uhr) singer | | |
| P | (PET) pet | | |
| R | (RED) red | | |
| S | (SET) set | | |
| T | (TEN) ten | | |
| V | (VET) vet | | |
| Y | (YET) yet | | |
| W | (WICH) witch | | |
| CH | (CHUCRCH) church | | |
| SH | (SHEEP) sheep | | |

NOTE: This page should not be submitted to the filing officer.

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 CITY OF MIAMI, FL

LOYALTY OATH

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

I, JACQUI B. COLYER
First Name Middle Initial Last Name

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CITY OF MIAMI, FL

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.

Jacqui B. Colyer
Signature of Candidate

OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

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

JACQUI COLYER
(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.

Jacqui Colyer
Signature of Candidate
521 NW 8th Ave
Address
Miami, FL 33127
City State ZIP Code

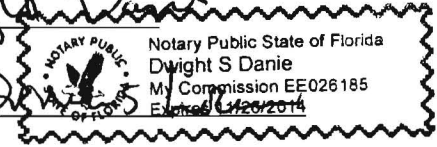
The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribe before me this 17 day of September, 2013.

(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 Produced



City of Miami
Office of the City Clerk
3500 Pan American Drive
Miami, FL 33133

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CITY OF MIAMI, FL

To whom it may concern

I, Jacquetta B. Colyer candidate for City of Miami
Commission District 5, do hereby swear, that I reside at
295 NE 82 Street, and I have resided at
this address for well over the 1-year qualifying requirements for residency in the District.

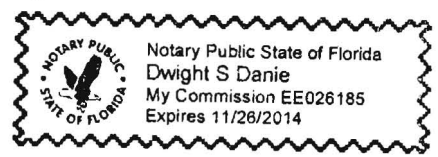
SIGNED THIS 17 DAY OF September

Jacquetta B. Colyer
AFFIANT

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

Dwight S. Danie
Signature of Notary Public – State of Florida

(SEAL)



- Did take an oath
- Produced identification

Type of identification produced: Driver's License

AFFIDAVIT FOR USE OF NICKNAME ON THE BALLOT

I, Jacquetta B. Colyer, a candidate for the office of Commission District 5 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 JACQUI COLYER.

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

Jacquetta B. Colyer
Signature of Affiant
295 NE 82 Street
Address of Affiant

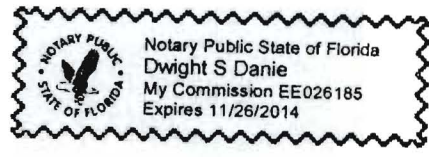
Sworn to (or affirmed) and subscribed before me this 17 day of September, 2013

Dan
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: Dennis Loren

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Voter Information Card
Miami-Dade County, FL

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

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Jacquetta Bland Colyer
295 NE 82Nd St
Miami FL 33138

ISSUED
EMITIDA
ENPRIME

08/28/13

**Bring photo identification
when voting.**

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

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

Registration No.
Núm. de inscripción
Nim. Enskripsyon

109039290

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Jesse J. McCrary, Jr. Elemen School
514 NW 77 St

Precinct No.
Núm. del recinto
Nim. Biwo Vòt

501

Date of Birth
Fecha de Nacimiento
Dat Nesans

5/4/1950

Registration Date
Fecha de inscripción
Dat Enskripsyon

4/26/1973

Party Affiliation | Afiliación partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

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

Congress
Congreso
Kongrè

24

State Senate
Senado Estatal
Sena Eta a

39

State House
Cámara Estatal
Lachannm Eta a

108

County Commission
Comisión del Condado
Komisyon Konte

3

School Board
Junta Escolar
Asanble Edikasyon

2

Community Council
Consejo Comunitario
Konsèy Kominotè

N/A

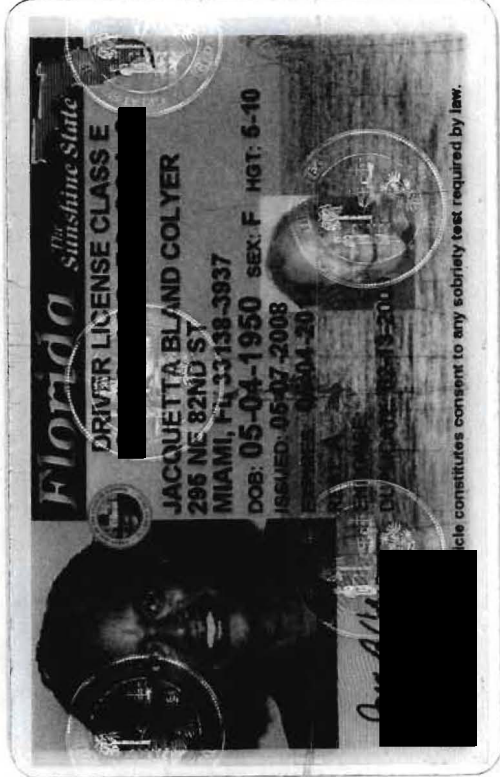
Municipal | Municipal | Minisipalite

MIAMI DIST 5



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CITY OF MIAMI, FL



Florida *The Sunshine State*
DRIVER LICENSE CLASS E

JACQUETTA BLAND COLYER
296 NE 82ND ST
MIAMI, FL 33138-3937
DOB: 05-04-1950 SEX: F HGT: 5-10
ISSUED: 05-07-2008 EXPIRES: 05-04-2011

DUPLICATE 19-2011

icle constitutes consent to any sobriety test required by law.

Quetta

The license features a portrait of the holder on the left, a signature on the right, and a background image of a boat on water. There are several circular icons around the license, including one with a car and another with a motorcycle. A black redaction box covers the license number.

CAMPAIGN FOR JACQUI COLYER

5121 NW 8TH AVE
MIAMI, FL 33127

Check Fraud
Protection for Business

63-8413-2670

DATE 9-16-13

PAY TO THE ORDER OF

City of Miami

\$ 682.⁰⁰

Six hundred eighty two ⁰⁰/₁₀₀

DOLLARS



JPMorgan Chase Bank, N.A.
www.Chase.com

VOID AFTER 90 DAYS

FOR

Filing Qualifying Papers

[Signature]

⑈000107⑈ ⑆267084131⑆



City of Miami
OFFICIAL RECEIPT

No. 418345

\$ 682.⁰⁰ Sales Tax \$ _____ Total \$ 682.⁰⁰

Date: 9 | 17 | 2013

Six Hundred Eighty Two and ⁰⁰/₁₀₀

/100 Dollars

Received from: Jacqui Colyer

Address: 5121 NW 8th Ave. Miami

For: Candidate Audit

Reference No: check 8107

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: Dwight Davis

Department: City Clerk

Division: Elect

C FN/TM 402 Rev. 03/03

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

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