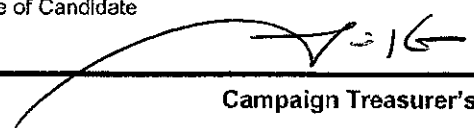
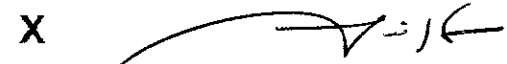


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STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)  (PLEASE TYPE)				OFFICE USE ONLY 2006 JUL -3 PM 2:50  MIAMI-DADE ELECTIONS	
CHECK APPROPRIATE BOX:					
<input checked="" type="checkbox"/> Original Appointment		<input type="checkbox"/> Deputy Treasurer		<input type="checkbox"/> Reappointment of Treasurer	
<input type="checkbox"/> Secondary Depository					
Name of Candidate <i>TIMOTHY J. KEEGAN</i>			1. Address (include post office box or street, city, state, zip code) <i>1111 BISCAYNE BLVD. TOWER 3. APARTMENT 1758 MIAMI, FL. 33181</i>		
Telephone (optional) <i>(305) 987-7700</i>		2. Party (Partisan candidates only)		3. Office (add district, circuit or group number) <i>COMMUNITY COUNCIL 7-72</i>	
I have appointed the following person to act as my				<input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer	
4. Name of Treasurer or Deputy Treasurer <i>TIMOTHY J. KEEGAN</i>					
5. Mailing Address (If post office box or drawer add street address) <i>1111 BISCAYNE BLVD. TOWER 3. # 1758</i>				6. Telephone <i>305. 987. 7700</i>	
7. City <i>MIAMI</i>		8. County <i>MIAMI-DADE</i>		9. State <i>FLORIDA</i>	
				10. Zip Code <i>33181</i>	
I have designated the following named bank as my				<input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository	
11. Name of Bank <i>WACHOVIA BANK, NA.</i>			12. Street Address <i>12550 BISCAYNE BLVD. 1ST FLOOR</i>		
13. City <i>NORTH MIAMI</i>		14. County <i>MIAMI DADE</i>		15. State <i>FLORIDA</i>	
				16. Zip Code <i>33181</i>	
17. Signature of Candidate <i>X</i> 				Date <i>6. 27. 2006</i>	
Campaign Treasurer's Acceptance of Appointment I, <u><i>TIMOTHY J. KEEGAN</i></u> , do hereby accept the appointment as (Please Print or Type)					
<input checked="" type="checkbox"/> Campaign Treasurer		<input type="checkbox"/> Deputy Treasurer		for the campaign of <u><i>TIMOTHY J. KEEGAN</i></u>	
who is seeking nomination or election as a _____ candidate to the office of _____					
(Party)					
<u><i>COMMUNITY COUNCIL 7-72</i></u> . As a duly registered voter in <u><i>MIAMI-DADE</i></u>					
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.					
<u><i>6. 27. 2006</i></u> Date		<i>X</i>  Signature of Campaign Treasurer or Deputy Treasurer			

RECEIVED

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

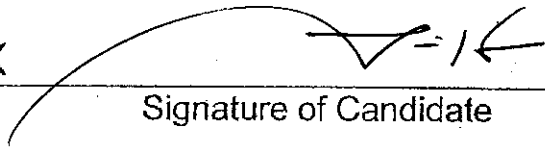
2006 JUL -3 PM 2:05 OFFICE USE ONLY

MIAMI-DADE ELECTIONS

I, TIMOTHY JOHN KEEGAN,  
candidate for the office of Community Council (7) - 72 <sup>SUB AREA</sup>

have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X

  
Signature of Candidate

6.27.2006

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).



Miami-Dade Supervisor of Elections  
 2700 NW 87<sup>th</sup> Avenue  
 Miami, FL 33172

RECEIVED

2006 (305) 499-8400 x: 25

MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**RECEIPT**

**Candidate:**

<i>TIMOTHY</i>	<i>J.</i>	<i>KEEGAN</i>
First Name	Middle Name	Last Name

**Office:** Community Council Area 7 / Subarea # 72

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County Community Council**

**Received by:** \_\_\_\_\_  
*[Signature]*  
Candidate Signature

**Date:** 7.03.2006

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 2006 JUL -3 PM 3:25  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

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2006 JUL -3 PM 3:28

MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

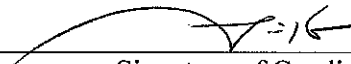


**Campaign Treasurer's Report  
Filing Requirement  
Electronic Filing Statement  
For Miami-Dade County Candidates**

I, TIMOTHY J. KEEGAN, candidate for the office of  
COMMUNITY COUNCIL 7, have received, read, and understand the Miami-Dade  
County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County  
Commission, and Community Council candidates.

In order to comply with the requirement I declare that I understand that Campaign Treasurer Reports  
be filed on diskettes or CD-ROMS simultaneously with and in addition to the original signed report, I  
further declare that:

- I will purchase the necessary software.
- I will use the software provided by the Supervisor of Elections.

  
Signature of Candidate

7.03.2006  
Date

305.987.7700 (m)  
Day time Phone #

KEEGANT@TELSONJ.NET  
E-mail address

# MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<i>Tim</i>		<i>KEEGAN</i>
------------	--	---------------

First Name

Middle Name/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.

## OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

*Tim KEEGAN*

(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 Miami-Dade Community Council Area # 7 Subarea # 72  
(office)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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.

## CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Unincorporated Miami-Dade County, and that I have been a resident elector of the subarea for which I am qualifying for three (3) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the subarea for the prescribed period:

- driver's license       property tax receipt       homestead exemption receipt  
 utility bill       lease agreement

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 of Candidate

*1111 DISCIPLINE ISLND. TWR. 3. #1758*

Current Address of Legal Residence

*MIAMI, FL. 33181*

*(305) 987-7700 (305) 891-3322*

Day Phone

Fax Number

*KEEGAN T @ TSELLSOUTH . NET*

Email Address

Other Phone Number

*7. 03. 2006*

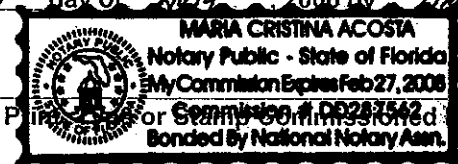
City State Zip Code Date Signed

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this *3<sup>rd</sup>* day of *July*, 2006 by *Tim Keegan*

*[Signature]*  
Signature of Notary Public – State of Florida



Personally known to me       Identification provided

Name of Notary Public

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT  
2006 JUL -3 PM 3:47

