

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
2006 JUL -6 AM 10:00
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate
Thomas J. Schramm

1. Address (include post office box or street, city, state, zip code)
14840 SW 144 Terrace
Miami, FL 33196

Telephone (optional)
(305) 235-8362

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)
Community Council 11, sub area 115

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

4. Name of Treasurer or Deputy Treasurer
Thomas J. Schramm

5. Mailing Address (If post office box or drawer add street address)
14840 SW 144 Terrace

6. Telephone
305-235-8362

7. City
Miami

8. County
Miami-Dade

9. State
FL

10. Zip Code
33196

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank
Baptist Health South Florida Federal Credit Union

12. Street Address
7315 SW 87 Avenue, Suite 300

13. City
Miami

14. County
Miami-Dade

15. State
FL

16. Zip Code
33173

17. Signature of Candidate

X *Thomas J. Schramm*

Date

June 7, 2006

Campaign Treasurer's Acceptance of Appointment

I, Thomas J. Schramm, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Thomas J. Schramm

who is seeking nomination or election as a _____ candidate to the office of
(Party)

Community Council 11, sub area 115 . 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.

TS
July 10, 2006
Date

X *Thomas J. Schramm*
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

2006 JUL -6 AM 10: 24

RECEIVED

I, Thomas J. Schramm,

candidate for the office of Community Council 11, sub area 115;

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

Thomas J. Schramm
Signature of Candidate

July 6, 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 87th Avenue
 Miami, FL 33172 (305) 499-8400

RECEIPT

Candidate:

Thomas James Schramm
 First Name Middle Name Last Name

Office: Community Council Area 11 / Subarea # 115

This is to acknowledge my receipt of the following documents:

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

Received by: Thomas J Schramm
 Candidate Signature

Date: July 6, 2006

RECEIVED
 2006 JUL 13 AM 11:13
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT



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

I, Thomas J. Schromm, candidate for the office of Community Council 11/115, 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.

Thomas J. Schromm
Signature of Candidate

July 7, 2006
Date

305-297-1435
Day time Phone #

thomasse@baptisthealth.net
E-mail address

RECEIVED
2006 JUL 13 AM 11:13
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I, Thomas James Schramm
 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, ~~Thomas Schramm~~ Tom Schramm 15
 (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 # 11 Subarea #115
(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

Thomas J. Schramm
Signature of Candidate

14840 SW 144 Terrace
Current Address of Legal Residence

(305) 297-1435 (786) 243-8534
Day Phone Fax Number

(305) 235-8362
Other Phone Number

thomassc@baptisthealth.net
Email Address

Miami FL 33196
City State Zip Code

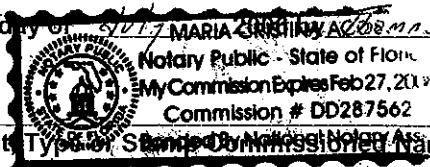
July 7, 2006
Date Signed

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 13th day of July 2006 by MARIA CRISTINA A. Schramm

[Signature]
Signature of Notary Public - State of Florida


 Notary Public - State of Florida
 My Commission Expires Feb 27, 2009
 Commission # DD287562
 Print Type of Stamp or Commissioned Name of Notary Public

Personally known to me Identification provided



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331867

RECEIVED FROM Thomas J. Schramm

DATE 7, 13, 06
MONTH DAY YEAR

ADDRESS 14840 SW 144 Terrace
STREET ADDRESS

CASH \$ _____

Miami CITY FL 33196 STATE ZIP

CHECKS \$ 100.00

AMOUNT OF: One hundred DOLLARS, AND 00 CENTS

TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee- Comm. Council - #11/115

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Kerna G. Sauter

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

