

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

(PLEASE TYPE)

RECEIVED OFFICE USE ONLY

2006 JUL 13 PM 4:36

MIAMI DADE COUNTY  
 ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: Adrienne F. Promoff    1. Address (include post office box or street, city, state, zip code)  
19841 N.E. 23 Avenue  
Miami Florida 33180

Telephone (optional) ( )    2. Party (Partisan candidates only)    3. Office (add district, circuit or group number) AT LARGE  
Community Council Area 2

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

4. Name of Treasurer or Deputy Treasurer  
DAVID H. PROMOFF

5. Mailing Address (If post office box or drawer add street address)  
19841 N.E. 23 Avenue    6. Telephone

7. City MIAMI    8. County MIAMI DADE    9. State FLORIDA    10. Zip Code 33180

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

11. Name of Bank Peninsula Bank    12. Street Address 1802 N.E. Miami Gardens Drive

13. City North Miami Beach    14. County Miami Dade    15. State Florida    16. Zip Code 33179

17. Signature of Candidate X Adrienne Promoff    Date 7-12-06

Campaign Treasurer's Acceptance of Appointment

I, DAVID H. PROMOFF, do hereby accept the appointment as  
 (Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of ADRIENNE F. PROMOFF

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

Community Council 2 . 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.

7-12-06  
 Date

X David H. Promoff  
 Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

I, ADRIENNE F. PROMOFF,

candidate for the office of Community Council 2;

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

X Adrienne Promoff  
Signature of Candidate

7-12-06  
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 (305) 499-8400

**RECEIPT**

**Candidate:**

<i>ADRIENNE</i>	<i>F.</i>	<i>PROMOFF</i>
First Name	Middle Name	Last Name

**Office:** Community Council Area 2 / Subarea # AT LARGE

This is to acknowledge my receipt of the following documents:

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

**Received by:** *Adrienne Promoff*  
 Candidate Signature

**Date:** *7-12-06*

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 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

RECEIVED

2006 JUL 13 PM 4:37



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

I, ADRIENNE F. PROMOFF, candidate for the office of Community Council 2 - AT LARGE, 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.

Adrienne Promoff  
Signature of Candidate

7-12-06  
Date

305-374-0102  
Day time Phone #

apromoff@mindspring.com  
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>ADRIENNE</i>	<i>F.</i>	<i>PROMOFF</i>
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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, *ADRIENNE F. PROMOFF*

(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 # 2** Subarea # *LARGE* <sup>AT</sup>  
(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**

*Adrienne Promoff*  
Signature of Candidate

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MIAMI-DADE COUNTY  
REGISTRATION DEPARTMENT

*19841 N.E. 23 Avenue*

Current Address of Legal Residence

*(305) 374-0702 (305) 692-3086*

Day Phone

Fax Number

( )

Other Phone Number

*apromoff@mindspring.com*

Email Address

*Miami*

*Florida*

*33180*

*7-12-06*

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 *12<sup>th</sup>* day of *July*, 2006 by *Adrienne F. Promoff*

*Maria Wolf*

Signature of Notary Public - State of Florida


**MARIA WOLF**  
 MY COMMISSION # DD 393554  
 EXPIRES: February 10, 2009

Print, Type or Stamp Commissioned Name of Notary Public

- Personally known to me     
  Identification provided



OFFICIAL RECEIPT  
MIAMI-DADE COUNTY-FLORIDA

No. 5331645

RECEIVED FROM Adrienne Promoff

DATE 7 / 13 / 06  
MONTH DAY YEAR

ADDRESS 19841 NE 23 AV  
STREET ADDRESS

CASH \$ \_\_\_\_\_

Miami CITY FL STATE 33180 ZIP

CHECKS \$ 100.00

AMOUNT OF: One Hundred DOLLARS, AND NO CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Comm. Council Area 2 at large

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

DEPT.: Elections BY: Marin Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

