

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

(PLEASE TYPE)

**RECEIVED**  
08 APR 11 PM 12:23  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate Val Screen		1. Address (include post office box or street, city, state, zip code) 780 NE Palm Bay Lane Unit 1808 Miami, FL 33138	
Telephone (optional) ( ) -----	2. Party (Partisan candidates only) not applicable	3. Office (add district, circuit, group number) County Commission District 3	
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 Val Screen			
5. Mailing Address (If post office box or drawer add street address) 780 NE Palm Bay Lane Unit 1808		6. Telephone 305.510.0017	
7. City Miami	8. County Miami-Dade	9. State Florida	10. Zip Code 33138
I have designated the following named bank as my		<input checked="" type="checkbox"/> Primary Depository	<input type="checkbox"/> Secondary Depository
11. Name of Bank Bank of America		12. Street Address 9190 Biscayne Blvd.	
13. City Miami Shores	14. County Miami-Dade	15. State Florida	16. Zip Code 33138
17. Signature of Candidate <input checked="" type="checkbox"/> <i>Valeria C. Screen</i>		Date 04/11/08	

**Campaign Treasurer's Acceptance of Appointment**

I, Val Screen, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of Val Screen

who is seeking nomination or election as a not applicable candidate to the office of  
(Party)

County Commission District 3

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.

04/11/08  
Date

*Valeria C. Screen*  
Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE TYPE)

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**OFFICE USE ONLY**  
**08 APR 11 PM 12: 2**  
**MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT**

CHECK APPROPRIATE BOX:

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate <b>Val Screen</b>	1. Address (include post office box or street, city, state, zip code) <b>780 NE Palm Bay Lane Unit 1808 Miami, FL 33138</b>
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Telephone (optional) ( ) -----	2. Party (Partisan candidates only) <b>not applicable</b>	3. Office (add district, circuit, group number) <b>County Commission District 3</b>
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I have appointed the following person to act as my  Campaign Treasurer  Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer  
**Tiffany L. Robinson**

5. Mailing Address (If post office box or drawer add street address) <b>13500 NE 3rd Court Unit 309</b>	6. Telephone <b>305.343.0452</b>
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7. City <b>North Miami</b>	8. County <b>Miami-Dade</b>	9. State <b>Florida</b>	10. Zip Code <b>33161</b>
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I have designated the following named bank as my  Primary Depository  Secondary Depository

11. Name of Bank <b>Bank of America</b>	12. Street Address <b>9190 Biscayne Blvd.</b>
--	--

13. City <b>Miami Shores</b>	14. County <b>Miami-Dade</b>	15. State <b>Florida</b>	16. Zip Code <b>33138</b>
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17. Signature of Candidate <b>X <i>Valeria C. Green</i></b>	Date <b>04/11/08</b>
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**Campaign Treasurer's Acceptance of Appointment**

I, **Tiffany L. Robinson**, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of **Val Screen**

who is seeking nomination or election as a **not applicable** candidate to the office of  
(Party)

**County Commission District 3**

**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**

**04/11/08**  
Date

**X *Tiffany L. Robinson***  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY  
**RECEIVED**

08 APR 11 PM 12: 23

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, Val Screen,

candidate for the office of County Commission District 3;

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

X



Signature of Candidate

4/11/08

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 OF HANDBOOKS AND THE ELECTION LAW BOOK

Candidate:

VALRIA

First Name

C.

Middle Name

Screen

Last Name

Office: County Commission, District 3

This is to acknowledge my receipt of the following documents:

The Election Laws of the State of Florida as of September 2007

- Hard Copy
Downloaded from Internet

2008 Miami-Dade County Qualifying Handbook

- Hard Copy
Downloaded form Internet

2008 JUN -4 AM 10:44
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

RECEIVED

Received by: Valria C. Screen
Candidate Signature

Date: 6/4/08

Phone No.: 305 510 0017 cell Fax No.: 305 758 8801

E-mail address: VScreen@bellsouth.net



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

I, Valria C. Screen, candidate for the office of County Commissioner, District 3, 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 electronically simultaneously with and in addition to the original signed report, I further declare that:

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

Valria C. Screen

Signature of Candidate

6/4/08

Date

Day Time Phone No.: 305-510-0017

E-mail address: VScreen@bellsouth.net

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

2008 JUN -4 AM 10:43

RECEIVED

# MIAMI-DADE COUNTY LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,	<u>VALRIA</u>	<u>C.</u>	<u>SCREEN</u>
	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, Val Screen  
(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 County County Commissioner, District 3  
(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 district for which I am qualifying for six (6) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- driver's license       property tax receipt       homestead exemption record  
 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**

Valria C. Screen  
Signature of Candidate

RECEIVED  
2008 JUN -4 AM 10:43  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

780 NE 69 ST #1808 MIAMI 33138 (305) 570 0017 (305) 758 8801  
Current Address of Legal Residence      Day Phone      Fax Number

(786) 375-7810      vscreen@bellsouth.net  
Other Phone Number      Email Address

MIAMI      FL      33138      6/4/08  
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 4<sup>th</sup> day of June, 2008 by Val Screen

[Signature]  
Signature of Notary Public – State of Florida

[Stamp]  
NOTARY PUBLIC STATE OF FLORIDA  
Maria Cristina Acosta  
Commission # DD730644  
Expires: FEB 27, 2012

Print Name of Notary Public

Personally known to me       Identification provided

1005

VAL SCREEN CAMPAIGN ACCOUNT

04-08

780 N.E. 69TH ST. APT. 1808  
MIAMI, FL 33138-5753

DATE 6/4/08

63-4/630 FL  
1348

PAY TO THE ORDER OF

Board of County Commissioners \$ 360.00  
Three Hundred Sixty and 00/100 DOLLARS

Bank of America



BCC

ACH R/T 063100277

Valeria C. Green

Security Features Details on Back.

FOR QUALIFYING FEE - DISTRICT 3

⑈00 1005⑈ ⑆063000047⑆ 898020039182⑈



OFFICIAL RECEIPT

No. 5331734

MIAMI-DADE COUNTY-FLORIDA

RECEIVED FROM Val Screen

DATE 6, 4, 08  
MONTH DAY YEAR

ADDRESS 780 NE 69th St. # 1808  
Miami STREET ADDRESS FL 33138  
CITY STATE ZIP

CASH \$  
CHECKS \$ 360.00  
TOTAL \$ 360.00

AMOUNT OF: Three hundred sixty DOLLARS, AND 00/100 CENTS

FOR PAYMENT OF: Qualifying Fee - County Comm. #3

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

DEPT.: Elections By: Vera A. Suter

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT