

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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2012 APR 13 PM 3:24

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

TERETHA LUNDY THOMAS

3. Address (include post office box or street, city, state, zip code)

73 West Flagler Street, Room 612
Miami, FL 33130

4. Telephone

(305) 349-7127

5. E-mail address

JudgeTThomas@aol.com

6. Office sought (include district, circuit, group number)

Miami-Dade County Judge, Group 33

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

TERETHA LUNDY THOMAS

11. Mailing Address

P.O. Box 17-1856

12. Telephone

(305) 349-7127

13. City

Hialeah

14. County

Miami-Dade

15. State

FL

16. Zip Code

33017

17. E-mail address

JudgeTThomas@aol.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Sabadell United Bank

20. Address

44 West Flagler Street

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33130

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

April 13 2012

26. Signature of Candidate

Teretha L Thomas

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, TERETHA LUNDY THOMAS, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

April 13, 2012
Date

Teretha L Thomas
Signature of Campaign Treasurer or Deputy Treasurer

JUDICIAL OFFICE
CANDIDATE OATH

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OATH OF CANDIDATE (Section 105.031, Florida Statutes) **Miami-Dade County ELECTIONS DEPARTMENT**

I, TERETHA LUNDY THOMAS

(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 judicial office of County Court Judge, Eleventh,
(office) (district #) (circuit #)
33; my legal residence is Miami-Dade County, Florida; I am a qualified elector
(group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X Teretha Lundy Thomas (305) 349-7127 JudgeTThomas@aol.com
Signature of Candidate Telephone Number Email Address

73 West Flagler St. Rm 612 Miami FL 33130
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109080723

* 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):
TUH-REE-THA LUN-DEE TOM-US ("Teretha" rhymes with "Aretha", "Lundy" rhymes with

STATE OF FLORIDA
COUNTY OF Miami-Dade

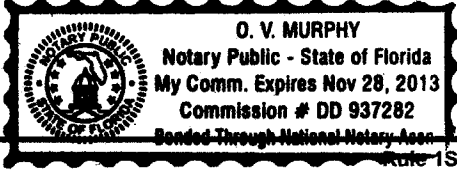
Sworn to (or affirmed) and subscribed before me this 13th day of April, 2012.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

O. V. Murphy
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



FORM 6 FULL AND PUBLIC DISCLOSURE OF

2011

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Thomas Teretha Lundy

MAILING ADDRESS:

Dade County Courthouse
73 West Flagler St Room 612

CITY:

Miami FL

ZIP:

33138

COUNTY:

Miami-Dade

NAME OF AGENCY:

11th Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Judge

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. C

P. Req.

ELECTIONS DEPARTMENT

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2011 PDF Form 6

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of March 31, 2012 was \$ 82,040.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 90,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
House (Miami Dade County)	\$ 760,000
Deferred Compensation (401K)	\$ 10,201
Continental National Bank	\$ 7369

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Sunshine Savings Bank Tallahassee FL	600,000
Rosa Jones Miami FL	2000
Latricia Donley Pembroke Pines FL	2200

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

2012 APR 13 PM 3:23

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of FL	Tallahassee FL	134280

MIAMI DADE COUNTY ELECTIONS DEPARTMENT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

N/A

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

N/A

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

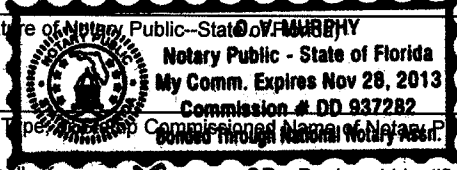
STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 13 day of

April, 2012 by Teretha L Thomas

[Signature]

(Signature of Notary Public--State of FLORIDA)



(Print, Type, or Stamp Commissioned Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

[Signature of Teretha L Thomas]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.



OFFICIAL RECEIPT
 MIAMI-DADE COUNTY-FLORIDA

No. 6741129

RECEIVED FROM Teretha Lundy Thomas

DATE 4 / 13 / 12
MONTH DAY YEAR

ADDRESS PO Box 17-1856

CASH \$ _____

Hialeah CITY FL STATE 33017 ZIP

CHECKS \$ 5371.20

AMOUNT OF: Five Thousand Three Hundred Seventy DOLLARS, AND 20 CENTS

TOTAL \$ 5371.20

FOR PAYMENT OF: Qualifying Fee County Court Group 33

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

DEPT.: Elections

BY: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

1015

COMMITTEE TO RETAIN JUDGE
 TEREHA LUNDY THOMAS
Box 17-1856
Hialeah FL 33017

DATE: April 13, 2012 (3934-870)

PAY TO THE ORDER OF: Board of County Commissioners \$ 5371.20
five thousand three hundred seventy-two DOLLARS

Sabadell United Bank

FOR: 2012 Qualifying Fee!