

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

OFFICE USE ONLY

Proof of residency provided:

- | | |
|--|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill |
| <input checked="" type="checkbox"/> Voter Information Card | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Lease Agreement |

OATH OF CANDIDATE

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, Victoria E. Tomas

(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 nonpartisan office of Community Council (OFFICE) 10/106 (DISTRICT/AREA/SUBAREA)

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; I have resigned from any office from 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

Victoria E. Tomas
Signature of Candidate

(786) 374-6656
Telephone Number

VICTORIAFORCC10@COMCAST.NET
Email Address

Address City State Zip Code

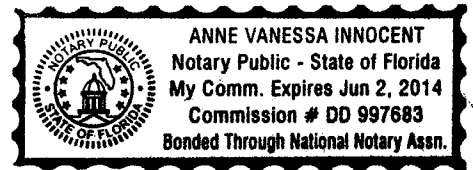
Candidate's Florida Voter Registration Number (located on your voter information card): 109249163

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 21st day of May, 2012.

Personally Known: _____ or
Produced Identification: _____
Type of Identification Produced:
FL Driver's License

Anne Vanessa Innocent
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public





Voter Information Card
Miami-Dade County, FL
Tarjeta de información del elector
Condado de Miami-Dade, FL
Kat Enfomasyon Votè
Konte Miami-Dade, FL

Victoria Elisa Tomas

ISSUED
EMITIDA
ENPRIME
07/29/08

Bring photo identification
when voting.
Para votar, presente una
identificación con fotografía.
Tranpri pote yon pyès idantifikasyon
ki gen foto w sou li le w ap vin vote.

Registration No.
Núm. de inscripción
Nim. Enskripsyon
109249163

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
John A. Ferguson Senior High School
15900 SW 56 Street

Precinct No. Núm. del recinto Nim. Biwo Vòt 461	Identification Data Datos de identificación Enfo. Idantifikasyon 3/10/1959	Registration Date Fecha de inscripción Dat Enskripsyon 9/29/1984
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Party Affiliation | Afiliación partidista | Pati Politik
THE INDEPENDENCE PARTY OF FLORIDA

Lester Sola
Supervisor of Elections | Supervisor de Elecciones | Siyevize Eleksyon

You are eligible to vote for these representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distri ki ekrì anba la yo.

Congress Congreso Kongrè 25	State Senate Senado Estatal Sená Eta a 38	State House Cámara Estatal Lacham Eta a 112
County Commission Comisión del Condado Komisyon Konte 11	School Board Junta Escolar Asanble Edikasyon 7	Community Council Consejo Comunitario Konsèy Kominotè 10

Municipality | Municipalidad | Minisipalite
UNINCORPORATED M-D



RECEIVED
2012 MAY 21 PM 2:24
MIAMI-DADE
ELECTIONS

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

FINANCIAL INTERESTS RECEIVED

LAST NAME - FIRST NAME - MIDDLE NAME :

Tomas Victoria Elisa

FOR OFFICE USE ONLY

2012 MAY 21 PM 2:25

MAILING ADDRESS :

[Redacted]

MIAMI-DADE ELECTIONS

CITY : ZIP : COUNTY :

[Redacted]

ID No.

NAME OF AGENCY :

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Community Council #10/106

P. Req. Code

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

2011 PDF Form 1

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2011 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
VET Consulting	[Redacted]	Mgmt Consulting

PART B - SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
First Heavy Equipment & Training	training	[Redacted]	training

PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4]

(If you have nothing to report, you must write "none" or "n/a")

[Redacted]
6724 S.W. 162 Crt Mimai, Fl 33193

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

2012 MAY 21 PM 2:25

PART E — LIABILITIES [Major debts - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

MIAMI-DADE ELECTIONS

NAME OF CREDITOR	ADDRESS OF CREDITOR
Ocwen Mortgage Co.	P.O. Box 24665 West Palm Beach, FL 33146

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

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

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

SIGNATURE (required):

DATE SIGNED (required):



5/21/12

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE: MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741161

RECEIVED FROM Victoria E. Tomas

DATE 5 / 21 / 12
MONTH DAY YEAR

ADDRESS 2423 Sw 147 Ave Suite 319
STREET ADDRESS

CASH \$ _____

Miami CITY FL STATE 33185 ZIP

CHECKS \$ 100 . 00

AMOUNT OF: One Hundred DOLLARS, AND 00/100 CENTS

TOTAL \$ 100 . 00

FOR PAYMENT OF: Qualifying Fee - Community Council 10/106

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

DEPT.: Elections

BY: Anne Gnesso Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Victoria E Tomas
Campaign Acct

63-751/631 11037

Date 5/21/12

PAY to the order of Board of County Commissioners \$ 100 ⁰⁰/₁₀₀

One Hundred ⁰⁰/₁₀₀ Dollars

WELLS FARGO Wells Fargo Bank, N.A. Florida wells Fargo.com

For Community Council 10/106