

ELECTIONS DIVISION  
2010 JUN 16 PM 3:20

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX:  
 Original Appointment      Change in:     Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)  
**Adrienne F. Promoff**

3. Address (include post office box or street, city, state, zip code)  
19841 NE 23 Avenue, Miami, FL 33180

4. Telephone (optional)      5. E-mail address (optional)  
(      )

6. Office sought (include district, circuit, group number)  
Community Council 2 , **AT LARGE SEAT**

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  
**DAVID H. PROMOFF**

11. Mailing Address (If post office box or drawer, also include street address)  
**19841 NE 23 Avenue**

12. Telephone  
**(305) 931-8323**

13. City  
**Miami**

14. County  
**Miami-Dade**

15. State  
**FL**

16. Zip Code  
**33180**

17. E-mail address (optional)

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

19. Name of Bank  
**Peninsula Bank**

20. Street Address  
**1802 N.E. Miami Gardens Drive**

21. City  
**N. Miami Beach**

22. County  
**Miami-Dade**

23. State  
**FL**

24. Zip Code  
**33179**

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  
**June 10, 2010**

26. Signature of Candidate  
**X** *Adrienne Promoff*

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

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

designated above as:     Campaign Treasurer     Deputy Treasurer.

**6-14-10**  
Date

**X** *David H. Promoff*  
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 PRINT OR TYPE)

OFFICE USE ONLY

RECEIVED  
 COUNTY CLERK  
 MIAMI DADE COUNTY  
 JUNE 10 2010

**1. CHECK APPROPRIATE BOX:**

Original Appointment      Change in:     Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)  
**Adrienne F. Promoff**

**3. Address** (include post office box or street, city, state, zip code)  
19841 NE 23 Avenue, Miami, FL 33180

**4. Telephone** (optional)      **5. E-mail address** (optional)  
(      )

**6. Office sought** (include district, circuit, group number)  
Community Council 2 , *AT LARGE SEAT*

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 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**  
*ADRIENNE F. PROMOFF*

**11. Mailing Address** (If post office box or drawer, also include street address)  
19841 NE 23 Avenue

**12. Telephone**  
*(305) 931-8323*

**13. City**  
Miami

**14. County**  
Miami-Dade

**15. State**  
FL

**16. Zip Code**  
33180

**17. E-mail address** (optional)

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

**19. Name of Bank**  
Peninsula Bank

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1802 N.E. Miami Gardens Drive

**21. City**  
N. Miami Beach

**22. County**  
Miami-Dade

**23. State**  
FL

**24. Zip Code**  
33179

**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**  
June 10, 2010

**26. Signature of Candidate**  
*X Adrienne Promoff*

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, *Adrienne F. Promoff*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.  
  
*6-14-10*      *X Adrienne Promoff*  
Date      Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Adrienne F. Promoff,

candidate for the office of Community Council member- CC2  
AT LARGE SEAT;

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

X *Adrienne Promoff*  
Signature of Candidate

June 14, 2010

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).

STATE OF FLORIDA  
CAMPAIGN FINANCING  
STATEMENT

# Receipt of Handbook and the Election Laws of the State of Florida



Candidate/Chairperson:

ADRIENNE

F.

PROMOFF

First Name

Middle Name

Last Name

COMMUNITY COUNCIL 2 Member at Large

Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Received by:

*Adrienne Promoff*  
Candidate/Chairperson Signature

Date:

June 14, 2010

Phone No.:

305-931-8323

Fax No.:

305-692-3086

E-mail address:

apromoff@mindspring.com

RECEIVED  
ELECTIONS DEPARTMENT  
MAY 14 PM 5:21

**Campaign Treasurer's Report  
Electronic Filing Requirements  
for Miami-Dade County**



- Candidate (office sought): Adrienne F. Promoff- Community Council 2 , AT LARGE SEAT
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

I, ADRIENNE F. PROMOFF  
*(Please print name of Candidate or Chairperson)*

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

*Adrienne Promoff* \_\_\_\_\_ June 14 2010  
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-931-8323

Email Address: apromoff@mindspring.com

*This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.*

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT  
JUN 16 PM 0:01

**LOYALTY OATH FOR MIAMI-DADE COUNTY  
COMMUNITY COUNCIL MEMBER**

(Sections 876.05-876.10, Florida Statutes)

RECEIVED

STATE OF FLORIDA Miami-Dade County

10 JUN 15 AM 10:37

I, <u>ADRIENNE</u>	<u>F.</u>	<u>PROMOFF</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, 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 : **Community Council Member Area 2 Subarea At Large**

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

- I have been a Miami-Dade County resident elector for at least three years prior to qualifying.
- I have been a resident elector of the Council Area 2 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea At Large for at least three (3) 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 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.**

Adrienne Promoff      apromoff@mindspring.com  
305-931-8323

Signature of Candidate	Daytime Telephone Number	Email Address
<u>19841 NE 23 Avenue</u>	<u>Miami, FL</u>	<u>33180</u>
Address	City	State
		Zip Code

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 14<sup>th</sup> day of June, 2010 by Adrienne F. Promoff.

Personally Known:  or  
Produced Identification: \_\_\_\_\_  
Type of Identification Produced:  
\_\_\_\_\_

Maria Wolf  
Signature of Notary Public – State of Florida **MARIA WOLF**  
Print, Type or Stamp Commissioned Name of Notary Public





**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 5997497

RECEIVED FROM ADRIENNE F. PROMOFF DATE 6 / 14 / 10  
ADDRESS 19841 NE 23 AVE. CASH \$                       
MIAMI CITY FL STATE 33180 ZIP CHECKS \$ 100.00  
AMOUNT OF: One hundred DOLLARS, AND                      CENTS TOTAL \$ 100.00



FOR PAYMENT OF: Qualifying fee for Community Council 2/At Large  
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections By: Guida Reyes

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Name	<u>Adrienne F. Promoff Campaign Account</u>	Check: <u>001</u>
Account No	<u>20053971</u>	Date <u>June 11, 2010</u> 63-1248/670 08
Pay to the Order of	<u>Board of County Commissioners</u>	\$ <u>100<sup>00</sup>/<sub>100</sub></u>
	<u>One Hundred <sup>00</sup>/<sub>100</sub></u>	Dollars 
 PENINSULA BANK 1802 N.E. Miami Gardens Dr. N. Miami Beach, Florida 33179		
For	<u>Qualifying Fee - Election - CC2</u> <i>Adrienne Promoff</i>	
⑆067012484⑆0020053971⑆9999		

Harland Clark

GUARDIAN SAFETY® BLUE