

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



Candidate/Chairperson:

SAMUEL

Joseph

Slom

First Name

Middle Name

Last Name

County Court Judge Group 3

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"/>	
Miami-Dade County Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by:

[Handwritten Signature]

Signature of Candidate or Chairperson

4/2/11
Date

RECEIVED
 2012 APR - 2 PM 2:17
 MIAMI-DADE
 ELECTIONS

Day Time Telephone Number:

(305) 548-5187

Alternate Contact Number:

(305) 282-5305

Email Address:

samslom@comcast.net

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



- Candidate (office sought): County Court Judge Group 3
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, Samuel Joseph Slom
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

Signature of Candidate or Chairperson

4/2/11
Date

Day Time Telephone Number:

(305) 548-5187

Alternate Contact Number:

(305) 282-5305

Email Address:

samslom@comcast.net

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.

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2012 APR -2 PM 1:17
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ELECTIONS

JUDICIAL OFFICE
CANDIDATE OATH

RECEIVED

2012 APR -4 PM 3:12

OFFICE USE ONLY

MIAMI-DADE
ELECTIONS

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Samuel Joseph "Sam" Slom
(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 #)
3; 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 [Signature] (305) 282-5305 samslom@comcast.net
Signature of Candidate Telephone Number Email Address

1351 NW 12 Street Miami Florida 33125
Address City State ZIP Code

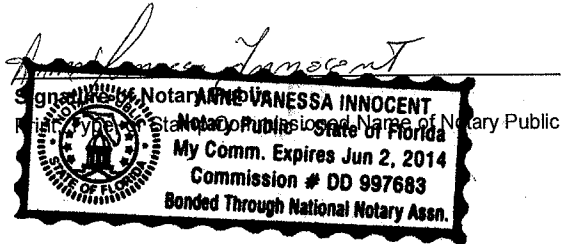
Candidate's Florida Voter Registration Number (located on your voter information card): 108953678

* 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):
SAM mule Slom

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 4th day of April, 20 12.

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



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

FINANCIAL INTERESTS

RECEIVED
2012 APR -2 PM 2:22

LAST NAME --- FIRST NAME --- MIDDLE NAME:

SLOM SAMUEL JOSEPH

FOR OFFICE USE ONLY:

MIAMI-DADE ELECTIONS

MAILING ADDRESS:

1351 NW 12 STREET

ID Code

SUITE 513

CITY:

ZIP:

COUNTY:

MIAMI

33125

MIAMI-DADE

ID No.

NAME OF AGENCY:

11th Judicial Circuit

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Court Judge

P. Req. Code

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 December 31, 20 11 was \$ 877,097

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 \$ 125,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Residence	\$493,000
Securities	\$53,351.
1995 Ford Explorer/2007 BMW 335	\$1934./\$33,675.
Cash & Certificates of Deposit	\$158,717.
Deferred Compensation	\$270,233.

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase, P. O. Box 659732, San Antonio, TX 78265	\$241,315.
BMW Financial Services, 300 Chestnut Road, NJ 07677	\$17,498.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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.]

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 Florida - Judiciary	P. O. Box 6830, Tallahassee, FL 32314	\$132,706.

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

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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			

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 ELECTIONS
 012 APR -2 PM 2:22

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 2nd day of

April, 2012 by SAMUEL J. STOM

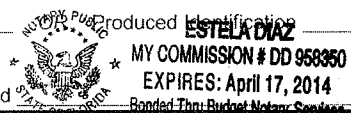
Estela Diaz
 (Signature of Notary Public--State of Florida)

ESTELA DIAZ
 (Print, Type, or Stamp Commissioned Name of Notary Public)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known

Type of Identification Produced ESTELA DIAZ



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. 6741115

RECEIVED FROM Samuel Slom

DATE 4 / 9 / 12
MONTH DAY YEAR

ADDRESS 1351 NW 12 ST

CASH \$ _____

Miami CITY FL STATE 33125 ZIP

CHECKS \$ 5,371.20

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

TOTAL \$ 5,371.20

FOR PAYMENT OF: Qualifying Fee

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

DEPT.: Elections BY: Maria C Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

63-964
670

1018

**JUDGE SAMUEL SLOM
CAMPAIGN FUND**

DATE April 9, 2012

PAY TO THE ORDER OF: Board of County Commissioners \$ 5371.20

Five thousand three hundred seventy-one DOLLARS 20/100

Sabadell United Bank

MEMO:

Security Features Included. Details on Back.