

Select Language ▼

Powered by  Google Translate[New Search](#)[My Information](#) [Upcoming Elections](#) [Previous Elections](#)Matthew C.  
BramsonVoter Registration Number:  
116848433

## Voter Information

⊕ **Voter Status:** Eligible to vote in Miami-Dade County.  
You have a standing request to receive a mail ballot for elections occurring on or before 12/31/2020.

**Date Registered:** September 26, 2008

**Date of Birth:** August 16, 1968

**Party Affiliation:** REP

**Precinct:** 051

**County:** Miami-Dade

[Request Registration Update](#)[View Precinct Statistics](#)

## Contact Information

**Residence Address:**

**101 Crandon Blvd UNIT 176  
Key Biscayne, FL 33149**

**Mailing Address:**

**101 Crandon Blvd UNIT 176  
Key Biscayne, FL 33149**

*No Address Change information at this time*

## Current Elections

RECEIVED

AUG 20 2020

VILLAGE CLERK  
VILLAGE OF KEY BISCAIYNE

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.

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)

Matthew Charles Bramson

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

101 Crandon Blvd., Apt 176  
Key Biscayne, FL 33149

4. Telephone

(786) 972-4580

5. E-mail address

matt@mattbramson.com

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

Council

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

Name of Treasurer or Deputy Treasurer

Matthew Charles Bramson

11. Mailing Address

101 Crandon Blvd #176

12. Telephone

(786) 972-4580

13. City

Key Biscayne

14. County

Dade

15. State

FL

16. Zip Code

33149

17. E-mail address

matt@mattbramson.com

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

19. Name of Bank

BBFT

20. Address

400 Crandon Blvd

21. City

Key Biscayne

22. County

Dade

23. State

FL

24. Zip Code

33149

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

8/20/2020

26. Signature of Candidate

X 

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

I, Matthew Bramson, do hereby accept the appointment  
(Please Print or Type Name)

Designated above as:  Campaign Treasurer     Deputy Treasurer.

8/20/2020  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY  
**RECEIVED**

**AUG 20 2020**

VILLAGE CLERK  
VILLAGE OF KEY BISCAIYNE

I, Matthew Charles Brammer,  
candidate for the office of Key Biscayne Village Council  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

Matthew Brammer

Signature of Candidate

8/20/2020

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).

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

RECEIVED

AUG 20 2020

VILLAGE CLERK  
VILLAGE OF KEY BISCAIYNE

Do not use this form if a Judicial or School Board Candidate)  
Check box **only** if you are seeking to qualify as a  
write-in candidate:

Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Matt Bramson

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

I am a candidate for the nonpartisan office of Key Biscayne Village Council (Office) (District #)

(Circuit #) (Group or Seat #); I am a qualified elector of Miami-Dade County, Florida;

I am qualified under the Constitution and the Laws of Florida 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; I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 116848433

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X Matt Bramson (786) 972-4580 matt@mattbramson.com  
Signature of Candidate Telephone Number Email Address

161 Crandall Blvd #176 Key Biscayne FL 33149  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Joelyn B. Koch  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Notary Public below:

Sworn to (or affirmed) and subscribed before me this 20  
day of August, 2020

Orally Known: \_\_\_\_\_ or Produced Identification:   
Type of Identification Produced: DL - B652543682960



## Compound Last Names

If your *last* name consists of two or more names and has no hyphen, check the box in the Candidate Oath section. If you fail to check the box, your name will be listed with the name appearing last on the line. Example: John Jones Smith – If the last name has no hyphen and you do not check the box, the last name on the ballot would be “Smith”. If you check the box, your last name will be listed on the ballot as “Jones Smith.” If you have a hyphen within your last name, the last name would be listed as “Jones-Smith”.

### Guide for Designating Phonetic Spelling of Candidate’s Name for Audio Ballot

1. Use tables below.
2. Use upper case for “stressed” syllables. Use lower case for “unstressed” syllables.
3. Use dashes (-) to separate syllables.
4. Add any notes such as rhyming examples, silent letters, etc.

<b>Vowels</b>			
<b>Stressed Vowel Sounds</b>		<b>Unstressed Vowel Sounds</b>	
EE	(FEET) feet	uh	(SO-fuh) sofa (FING-guhr) finger
I	(FIT) fit		
E	(BED) bed		
A	(KAT) cat (KAD) cad		
AH	(FAH-thur) father (PAHR) par		
AH	(HAHT) hot (TAH-dee) toddy		
UH	(FUHJ) fudge (FLUHD) flood		
UH	(CHUHRCH) church		
AW	(FAWN) fawn	<b>Certain Vowel Sounds with R</b>	
U	(FUL) full	AHR	(PAHR) par
OO	(FOOD) food	ER	(PER) pair
OU	(FOUND) found	IR	(PIR) peer
O	(FO) foe	OR	(POR) pour
EI	(FEIT) fight	OOR	(POOR) poor
AI	(FAIT) fate	UHR	(PUHR) purr
OI	(FOIL) foil		
YOO	(FYOOR-ee-uhs) furious		

<b>Consonants</b>			
B	(BED) bed	R	(RED) red
D	(DET) debt	S	(SET) set
F	(FED) fed	T	(TEN) ten
G	(GET) get	V	(VET) vet
H	(HED) head	Y	(YET) yet
HW	(HWICH) which	W	(WICH) witch
J	(JUHG) jug	CH	(CHUCRCH) church
K	(KAD) cad	SH	(SHEEP) sheep
L	(LAIM) lame	TS	(ITS) its (PITS-feeld) Pittsfield
M	(MAT) mat	TH	(THEI) Thigh
N	(NET) net	TH	(THEI) Thy
NG	(SING-uhr) singer	ZH	(A-zuhr) azure (VI-zuhn) vision
P	(PET) pet	Z	(GOODZ) goods (HUH-buhz-tuhn) Hubbardston

<b>Examples of Phonetically Spelled Names</b>	
NAME ON BALLOT	PRONOUNCED AS
Mishaud	mee-SHO ('d' is silent)
Jahn	HAHN (rhyme: fawn)
Beauprez	boo-PRAI (rhyme: hooray)
Maniscalco	man-uh-SKAL-ko
Tangipahoa	TAN-ji-pah-HO-uh
Monte	Mahn-TAI
Tanya	TAWN-yuh (not TAN)

**Do not submit this page to the filing officer.**



# LOYALTY OATH

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

I, Matt Bramson, 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.

Matt Bramson

Signature of Candidate

101 Cranston Blvd. #176

Address

Key Biscayne, Florida 33149

SWORN TO AND SUBSCRIBED before me this 20 day of August, 2020.



Jocelyn B Koch

Notary public State of Florida, at large

My Commission Expires:

Personally known to me

Produced the following identification: FL Drivers License  
B652-543682960



# NOTICE OF CANDIDACY

2020 MUNICIPAL ELECTION  
VILLAGE OF KEY BISCAIYNE  
OFFICE OF THE VILLAGE CLERK

I, Matt Bramson, an elector of the Village of Key Biscayne, who have resided continuously and have been a registered voter for at least one (1) year preceding the date of filing of this Notice of Candidacy, whose residence is 101 Crandon Blvd, Unit 176 in the Village of Key Biscayne, hereby announce my candidacy for the office of Key Biscayne Village Council, to be voted for at the election to be held on November 3, 2020, and I hereby agree to serve if elected.

Matt Bramson  
Signature of Candidate

Matt Bramson  
Print Name

101 Crandon Blvd, Unit 176  
Key Biscayne, FL 33149  
Address

786-972-4580  
Telephone Number

Date and hour of filing: August 20, 10:50 AM

Received by: Jocelyn B. Koch  
Jocelyn B. Koch  
Village Clerk/Supervisor of Elections

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Bramson Matthew Charles

MAILING ADDRESS :

101 Crandon Blvd., Apt. 176

CITY :

Key Biscayne

ZIP :

33149

COUNTY :

Miami-Dade

NAME OF AGENCY :

Village of Key Biscayne

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Councilperson

CHECK ONLY IF [X] CANDIDATE OR [ ] NEW EMPLOYEE OR APPOINTEE

RECEIVED

AUG 20 2020

VILLAGE CLERK VILLAGE OF KEY BISCAYNE

\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (must check one):

[ ]

COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

[X]

DOLLAR VALUE THRESHOLDS

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

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

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Cloud Strategy Solutions, 101 Crandon Blvd., #176 Key Biscayne, FL 33149, Management Consulting.

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: None.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 1 column: REAL PROPERTY. Row 1: None.

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

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.



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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stocks	Memill Lynch
Stocks	Vanguard

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
		None
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		

**PART G — TRAINING**

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature:

*Matt Brammer*

Date Signed:

8/20/2020

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

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. To determine what category your position falls under, see page 3 of instructions.

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**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** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form if the filer was in his or her position on December 31, 2019.

0091  
63-9138/2631

DATE 8/20/2020

PAY TO THE ORDER OF

Village of Key Biscayne

\$ 100.00

One hundred dollars and <sup>00</sup>/<sub>100</sub>

DOLLARS

Security Features Details on Back

**BB&T** BRANCH BANKING AND TRUST COMPANY  
1-800-BANK BBT BBT.com

FOR Qualifying Fee to VKB

Matt Bowen

MP

⑈000091⑈ ⑆263191387⑆ ⑆100009515591⑈