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2011 APR 12 AM 10:14

MIAMI-DADE ELECTIONS

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)

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

Alan William Rigerman

17910 NW 84th Ave Palm Springs No. Unit 1002 FL 33015

4. Telephone

5. E-mail address

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

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

Dist 13 Commissioner

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

Alan Rigerman

11. Mailing Address

17910 NW 84 Ave

12. Telephone

13. City

14. County

15. State

16. Zip Code

17. E-mail address

Miami-Dade

Miami-D.

FL

33015

Arigerman@Aol.com

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

19. Name of Bank

20. Address

Bank of America

3025 NW 87th Ave

21. City

22. County

23. State

24. Zip Code

Miami

Miami-Dade

FL

33172

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

26. Signature of Candidate

April 12 2011

X Alan Rigerman

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

I, Alan Rigerman (ALAN RIGERMAN), do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

April 12 2011 Date

X Alan Rigerman Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please Type)

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ELECTIONS

I, Alan W Rigerman,
candidate for the office of Dist 13 Commissioner;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Alan W Rigerman
Signature of Candidate

April 12, 2011
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).

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



Candidate/Chairperson:

Alan William Rigerman
First Name Middle Name Last Name

DIST 13 Commissioner
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 | 2010 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Miami-Dade County Qualifying Handbook | . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Committee Handbook | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Electioneering Committee Handbook | | <input type="checkbox"/> | <input type="checkbox"/> | |

Received by: Alan Rigerman
Candidate/Chairperson Signature

Date: April 12, 2011

Phone No.: 305 558-1304 Fax No.: _____

E-mail address: ARigerman@Aol.com

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



- Candidate (office sought): Dist. B Commissioner
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

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I, Alan Rigerman
(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.

Alan Riger
Signature of Candidate or Chairperson

April 12, 2011
Date

Day Time Telephone No: (305) 558-1305 775-3572

Email Address: Arigerman@aol.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.

LOYALTY OATH FOR MIAMI-DADE COUNTY
COUNTY COMMISSIONER

(Sections 876.05-876.10, Florida Statutes)

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STATE OF FLORIDA Miami-Dade County

I, ALAN William Rigerman MIAMI-DADE ELECTIONS
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, ALAN RIGERMAN
(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 Miami-Dade County Commissioner District 13

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 Miami-Dade County, and that I have been a resident elector of Miami-Dade County for at least three (3) years and resident of the District at least six (6) 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.

X Alan Rigerman (305) 775-3572 Arigerman@AD.com
Signature of Candidate Daytime Telephone Number Email Address

17910 NW 54 Ave Miami-Dade FL 33015
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 12th day of April, 2011 by
ALAN RIGERMAN.

Personally Known: _____ or
Produced Identification:

Type of Identification Produced:
FL DRIVERS LIC

Maria Cristina Acosta
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public
PUBLIC-STATE OF FLORIDA
Maria Cristina Acosta
Commission #DD730644
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO, INC.

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2010

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

FINANCIAL INTERESTS

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LAST NAME -- FIRST NAME -- MIDDLE NAME:

Rigerman Alan William

MAILING ADDRESS:

14910 00 St Ave

Hialeah 33018 M DC

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Dist 13 Comm Seat

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

2011 APR 12 PM 1:29

ID Code MIAMI DADE COUNTY ELECTIONS DEPARTMENT

ID No.

Conf. Code

P. Req. Code

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2010, 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 Dec 31 2010, 2010 was \$ 528,000

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 \$ 20,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| Toyota Corolla | 1000 |
| Ty 04 | 22,000 |
| Home | 300,000 |
| | |
| | |

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| VISA | 9600 |
| Discover | 200 |
| | |
| | |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| | |
| | |
| | |

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2010 federal income tax return, including all 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 2010 federal income tax return. [If you check this box and attach a copy of your 2010 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT |
|--|-----------------------------|--------|
| St. of Fl Pension | | 46,000 |
| Social Security | | 17,000 |
| | | |
| | | |

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

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| Wildlife Ed LLC | | 17910 NW 84 Ave | Wildlife Education |
| Fauna Logistics | | P.S.W Fl 33015 | |
| | | | |

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PART E -- INTERESTS IN SPECIFIED BUSINESSES

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---|---------------------|---------------------|
| NAME OF BUSINESS ENTITY | Wildlife Ed, LLC | Fauna Logist LLC | |
| ADDRESS OF BUSINESS ENTITY | 17910 NW 84 Ave | P.S.W 33015 | |
| PRINCIPAL BUSINESS ACTIVITY | Wildlife Education + Breeds of reptiles + Trust | | |
| POSITION HELD WITH ENTITY | Princl + Owner | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | YES | YES | |
| NATURE OF MY OWNERSHIP INTEREST | BOSS | BOSS | |

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.

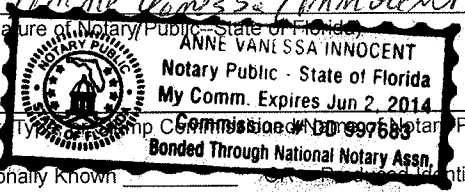
STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 12 day of

April, 20 11 by Alan William Rigermon

Anne Vanessa Innocent

(Signature of Notary Public - State of Florida)
ANNE VANESSA INNOCENT
 Notary Public - State of Florida
 My Comm. Expires Jun 2, 2014
 (Print Name of Notary Public)
 Commission Expires 6/2/2014
 Bonded Through National Notary Assn.
 Personally Known Identification



Alan William Rigermon
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced Florida Driver's License

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.

