

**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.

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2011 APR 12 PM 1:59

MIAMI-DADE
ELECTIONS

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)

Gabrielle Redfern

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

PO BOX 403561

Miami Beach, Florida 33140

4. Telephone

(305) 790 5461

5. E-mail address

gabrielleredfern@gmail.com

6. Office sought (include district, circuit, group number)
Mayor, Miami-Dade County

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

Gabrielle Redfern

11. Mailing Address

PO Box 403561

12. Telephone

()

13. City

Miami Beach

14. County

Miami Dade

15. State

FL

16. Zip Code

33140

17. E-mail address

gabrielleredfern@gmail.com

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

19. Name of Bank

Wachovia

20. Address

750 41st Street

21. City

Miami Beach

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33140

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

4/12/11

26. Signature of Candidate

X 

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

I, Gabrielle Redfern, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

X 

Date

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

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

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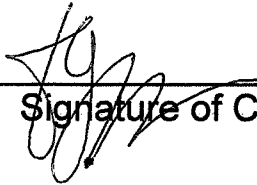
MIAMI-DADE
ELECTIONS

I, Gabrielle Redfern,

candidate for the office of Mayor, Miami-Dade County;

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

X



Signature of Candidate

4/12/11

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**

**MIAMI-DADE
COUNTY**

Candidate/Chairperson:

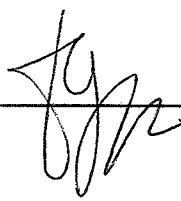
Gabrielle Redfern

First Name	Middle Name	Last Name
Mayor, Miami-Dade County		
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"/> <i>je</i>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/> <i>je</i>	<input type="checkbox"/>	

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 MIAMI-DADE
 ELECTIONS

Received by:  Candidate/Chairperson Signature

Date: 4/12/11

Phone No.: 305 790 5461 Fax No.: _____

E-mail address: GabrielleRedfern@gmail.com

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

**MIAMI-DADE
COUNTY**

- Candidate (office sought): Mayor, Miami-Dade County
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

MIAMI-DADE
ELECTIONS

2011 APR 12 PM 1:59

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I, Gabrielle Redfern
(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.



Signature of Candidate or Chairperson

4.12.11

Date

Day Time Telephone No: 305 790 5461

Email Address: gabrielleredfern@gmail.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
MAYOR

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, GABRIELLE REDFERN

First Name

Middle Name/Initial

Last Name

a citizen of the State of Florida and of the United States of America, and being [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)

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MIAMI-DADE
ELECTIONS

I, GABRIELLE REDFERN

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF POLLING)

I am a candidate for the office of Miami-Dade County Mayor. 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 a resident of Miami-Dade County for at least three (3) years 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
- Voter Information Card
- Utility Bill
- Lease Agreement

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. 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 [Signature] 305 790 5461

Signature of Candidate Daytime Telephone Number Email Address

PO BOX 403561 MIAMI BEACH FL 33140

Address City State Zip Code

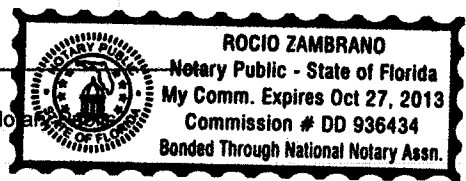
State of Florida,
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 12 day of April, 2011 by _____.

Personally Known: _____ or
Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



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

FINANCIAL INTERESTS

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

REDFERN, GABRIELLE

FOR OFFICE USE ONLY:

2011 APR 12 PM 2:00

MAILING ADDRESS:

PO Box 403561

MIAMI-DADE ELECTIONS

MIAMI BEACH

CITY :

ZIP :

COUNTY :

1 33140 MIAMI-DADE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MAYOR - MIAMI-DADE

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, 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 4.12.11, 20 was \$ 20,000.00

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 \$ 20,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
4539 Royal Palm Avenue Miami Beach	600,000.00
1117 NW 51 Terrace Gainesville Florida	10,000.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Auto101A Loan Services Littleton, CO	600,000.00

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

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
STATE OF FLORIDA	PO Box 5400 Tallahassee	112,700.00

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
Condo Solutions			

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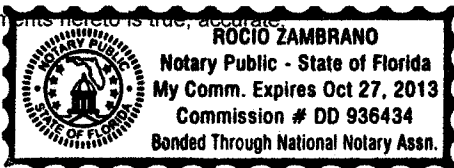
PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	CONDOSOLUTIONS		
ADDRESS OF BUSINESS ENTITY	PO Box 403561		
PRINCIPAL BUSINESS ACTIVITY	CONSULTING		
POSITION HELD WITH ENTITY	VP		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	PARTNER		

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.



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF DADE

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

APRIL, 20 11 by _____

(Signature of Notary Public--State of Florida)

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

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

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. 6482020

RECEIVED FROM Gebrielle Redfern
 ADDRESS P.O. Box 403561
 STREET ADDRESS
Miami Beach CITY FL STATE 33140 ZIP

DATE 4 / 12 / 11
 MONTH DAY YEAR
 CASH \$ _____
 CHECKS \$ 2,631.24
 TOTAL \$ 2,631.24

AMOUNT OF: _____ DOLLARS, AND _____ CENTS

FOR PAYMENT OF: Qualifying Fee - Mayor 2011

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

DEPT.: Elections

BY: A. Vessio Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

GEBRIELLE REDFERN CAMPAIGN ACCOUNT

DATE 4.12.11

PAY TO THE ORDER OF BOARD OF COUNTY COMMISSIONERS \$ 2,631.24

two thousand six hundred thirty one dollars DOLLARS

WACHOVIA
Wachovia Bank, a division of Wells Fargo Bank, N.A.

FOR _____

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63-643/670
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 ELECTIONS