MIAMI-DADE COUNTY	OFFICE USE ONLY			
CANDIDATE OATH -	Proof of residency provided:			
NONPARTISAN OFFICE	✓ Driver's License	Utility Bill		
	Voter Information Card	Homestead Exemption Receipt		
(Not for use by Judicial or School Board Candidates)	Property Tax Receipt	Lease Agreement		
	OF CANDIDATE	SNC NSSNC		
	OF CANDIDATE 99.021, Florida Statutes)	P 2 II		
	6	PAGE AN S		
I, Kenneth H. Friedman (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE				
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE	BALLOT * - NAME MAY NOT BE CHANG	GED AFTER THE END OF QUALIFYING)		
am a candidate for the nonpartisan office of Comm	unity Council	Sub Area 21		
	(OFFICE)	(DISTRICT/GROUP/SEAT #)		
I am a qualified elector of Miami-Dade County, Florid	da; I am qualified under the C	onstitution and the Laws of Florida		
and the Home Rule Charter of Miami-Dade County thave qualified for no other public office in the state, the	to note the office to which I do	esire to be nominated or elected; I		
office I seek; and I have resigned from any office f	rom 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 Cor	nstitution of the State of Florida.		
I affirm that I am a resident of Miami-Dade County,	meet the minimum residence	cv requirements for this office, and		
submitting proof of my residency in the district for th	e prescribed period. Under i	penalties of periury. I declare that I		
have read the foregoing Oath of Candidate and that the	ne facts stated in such are true	Э.		
X 7 + 11 2 1	-932-6182			
$1 \circ 1 \circ$	-932-h182	kennethfriedman@bellsouth.net		
	CONTRACTOR OF THE PARTY OF THE			
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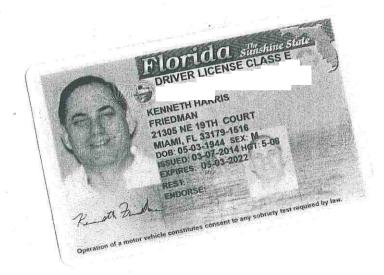


Bonded Thru Budget Notary Services

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT



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STATEMENT OF

2013

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Please print or type your name, mailing address, agency name, and position below:		FINANCIAL	INTERE	STS		FOR OFFICE US	E ONLY:
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You are not limited to the space on the line	as on thi	is form, Attach additional sheets,		1			
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PART D - INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, c	
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PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
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PART F INTERESTS IN SPECIFIED BUSINESSES [Ownership of	and the second in the second i
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SIGNATURE (required):	DATE SIGNED (required);
Kenneth Harris Friedman	1-22-14
Nenner Havis / wearman	1 22 17
If a coeffied public accountant licensed under Chanter 473 or	attorney in good standing with the Florida Bar prepared this form for you, he or

WHAT TO FILE:

After completing all parts of this form, Including signing and dating it, send back only the first sheet (pages 1 and 2) for filling.

Signature

she must complete the following statement:

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE

MULTIPLE FILING UNNECESSARY:

Generally, a person who has flied Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

FILING INSTRUCTIONS:

WHERE TO FILE:

the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Sulte 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Date

, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

TODAL 1

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Please print or type your name, mailing address, agency name, and position below	FINANCIA	L INTERES	re r	
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PRINCIPAL BUSINESS ACTIVITY				
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f a certified public accountant licensed under Chapter 47	73, or attorney in god	od standing with the Florida Bar	prepared this	form for you, he
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he instructions to the form. Upon my reasonable knowle	dge and belief, the o	disclosure herein is true and corn	ect.	ionida otatutes
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sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

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MIAM	DADE
COUNTY	

OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No.6996500

	Address <u>21305</u> Min mi	STREET ADDRESS T STATE	CASH 33/79 CHECKS	\$
AMOUNT OF:	: ONE HUNDRED	Dollars, and	/b cents Total	\$
FOR PAYMEN	IT OF: QUALEYING	Fee - Community Co	uncil 2/21	
THIS RECE	IPT NOT VALID UNLESS	DATED, COMPLETED AND SIG	NED BY AUTHORIZE	D EMPLOYEE OF DEPARTMENT.
DEPT.:	Elections	Ву	Maria	Acosta
FOR OF	FICE USE ONLY			
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Security Features Details on Back.
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