

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

2014 JUN 16 PM 12: 59

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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)**

DIANE RICHARDSON

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

26780 S. W. 137 CT.

**4. Telephone**

(305 ) 401-2087

**5. E-mail address**

NARANJA, FL 33032

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

COMMUNITY CIUNCIL -15; SUBAREA - 154

**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**

KEN FORBES

**11. Mailing Address**

P. O. BOX 924859

**12. Telephone**

( 305 ) 345-5505

**13. City**

PRINCETON

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33092-4859

**17. E-mail address**

ccoorken@bellsouth.net

**18. I have designated the following bank as my**

Primary Depository     Secondary Depository

**19. Name of Bank**

FIRST NATIONAL BANK OF SOUTH FL

**20. Address**

1550 N. KROME AVE

**21. City**

HOMESTEAD

**22. County**

MIAMI-DADE

**23. State**

FL

**24. Zip Code**

33030

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**

JUNE 14, 2014

**26. Signature of Candidate**

X Diane Richardson

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

I, KEN FORBES, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

JUNE 14, 2014

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, DIANE RICHARDSON ,

candidate for the office of Community Council-15;Subarea 154 :

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X *Diane Richardson*  
Signature of Candidate

JUNE 14, 2014  
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).





Access to Handbook and the Election Laws of the State of Florida

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

DIANE

RICHARDSON

First Name

Middle Name

Last Name

COMMUNITY COUNCIL - 15; SUBAREA - 154

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: Diane Richardson Candidate / Chairperson Signature

Date: JUNE 14, 2014

Primary Telephone Number: (305) 401-2087

Alternate Telephone Number:

E-mail address: ccooker@gmail.com

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

Candidate (office sought): COMMUNITY COUNCIL - 15; SUBAREA - 154

Candidate's Florida Voter Registration Number: 116010893

Political Committee: \_\_\_\_\_

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

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2014 JUN 16 PM 12:59  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, DIANE RICHARDSON

*(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.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.

x Diane Richardson

Signature of Candidate or Chairperson

JUNE 14, 2014

Date

Day Time Telephone Number: (305) 401-2087

Alternate Contact Number: \_\_\_\_\_

Email Address: ccoorpen@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.***



MIAMI-DADE COUNTY  
CANDIDATE OATH -  
NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, DIANE RICHARDSON

(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 nonpartisan office of Community Council-15; Subarea-154 (OFFICE) (DISTRICT/GROUP/SEAT #)

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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

RECEIVED  
2014 JUN 16 PM 12:58  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

X Diane Richardson (305) 401-2087  
Signature of Candidate Telephone Number Email Address

26780 S. W. 137 CT. NARANJA, FL 33092  
Address City State ZIP Code

116010893

Candidate's Florida Voter Registration Number (located on your voter information card): 116010893

\* 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):

DI'ANE RICH-AR-SON

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

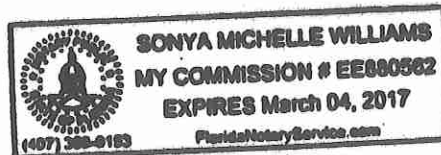
Sworn to (or affirmed) and subscribed before me this 13<sup>th</sup> day of June, 2014.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced:  
\_\_\_\_\_

Sony M. Williams  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



RECEIVED  
 2014 JUN 16 PM 11:00  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT



Operation of a motor vehicle constitutes consent to any sobriety test required by law



**Voter Information Card**  
 Miami-Dade County, FL  
 Tarjeta de información del elector  
 Condado de Miami-Dade, FL  
 Kart Informatiyon Votê  
 Konte Miami-Dade, FL

Diane Richardson  
 26780 SW 137Th Ct  
 Homestead FL 33032

ISSUED  
 ENMIENDA  
 ENPRIMAR  
 06/12/12

Bring photo identification  
 when voting.

Para votar, presente una  
 identificación con fotografía.

Tranpri pote yon pyès idantifikasyon  
 ki gen foto w sou li lè w ap votè.

Registration No.  
 Núm. de inscripción  
 Núm. Enskripsyon

116010893

Voting Location | Ubicación de la votación | Lugal Bivvo Vot  
 Naranja Park Recreation Center  
 14150 SW 264 St

Precinct No. Núm. del recinto Núm. Bivvo Vot	Date of Birth Fecha de Nacimiento Dat Nesans	Registration Date Fecha de inscripción Dat Enskripsyon
903	6/19/1950	3/17/2008

Party Affiliation | Afiliación partidista | Pati Polítik

FLORIDA DEMOCRATIC PARTY

**Penelope Townsley**

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.  
 Ud. puede votar por los representantes de los distritos enumerados abajo.  
 W ou kapab vote pou reprezantan li nan distrikt yo anba.

Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta	State House Cámara Estatal Lacham Etal
27	39	117

County Commission Comisión del Condado Komisyon Kontado	School Board Junta Escolar Asamblea Eskolasyon	Community Council Consejo Comunitario Ayuntamiento
9	9	15

Municipal | Municipal | Municipal  
 UNINCORPORATED M-D





FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
RICHARDSON, DIANE

MAILING ADDRESS :  
26780 S. W. 137 CT

CITY : ZIP : COUNTY :  
NARANJA 33032 MIAMI-DADE

NAME OF AGENCY :  
COMMUNITY COUNCIL - 15; SUBAREA 154

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
*Community Council - 15; Subarea 154*

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

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2013 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

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:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>BRIGHTER FUTURE CHRISTIAN ACADEMY</i>	<i>CUTLER BAY, FL</i>	<i>CHARTER SCHOOL</i>

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")

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

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

RESIDENCE

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
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Safeco Insurance	Orlando, FL

**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
	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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 2014 JUN 18 PM 12:59  
 HAN-DA COUNTY  
 ELECTIONS DEPARTMENT

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

**SIGNATURE (required):**

**DATE SIGNED (required):**

*Shane Richardson*

6/14/14

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.

Signature

Date

**FILING INSTRUCTIONS:**

**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 filing.

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 filed 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.

**WHERE TO FILE:**

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, Suite 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:**

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 not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.





**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 7064023

RECEIVED FROM DIANE RICHARDSON

DATE 6 / 14 / 14  
MONTH DAY YEAR

ADDRESS 26780 SW 137th CT

CASH \$ \_\_\_\_\_

Homestead STREET ADDRESS  
CITY FL STATE 33032 ZIP

CHECKS \$ 100.00

AMOUNT OF: One Hundred DOLLARS, AND NO CENTS

TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Community Council 15/154

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

DEPT.: Elections BY: MARIA ACOSTA

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

DIANE RICHARDSON CAMPAIGN  
P.O. Box 924859  
PRINCETON, FL 33092-4859

DATE 6/16/2014 63-514/670

PAY TO THE ORDER OF MIAMI-DADE COUNTY \$ 100.00  
Diane Richardson (Signature)  
DOLLARS

**S National Bank**  
of South Florida  
MAIN OFFICE  
HOMESTEAD, FLORIDA 33030

MEMO Qualifying Fee  
Community Council 1-15  
SUBAREA-154

(Signature) NP

Security features included. Details on back.