

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED
2006 JUL 14 AM 11:10
MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: KENNETH H. FRIEDMAN 1. Address (include post office box or street, city, state, zip code):
16499 N.E. 19 AV.,
N. MIAMI BEACH, FL. 33162

Telephone (optional): (305) 945-3523 2. Party (Partisan candidates only): N/A 3. Office (add district, circuit or group number):
COMMUNITY COUNCIL 2/2

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer:
KENNETH H. FRIEDMAN

5. Mailing Address (If post office box or drawer add street address):
16499 N.E. 19 AV. 6. Telephone:
(305) 945-3523

7. City: N. MIAMI BEACH 8. County: DADE 9. State: FL 10. Zip Code: 33162

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: PENINSULA BANK 12. Street Address:
1802 N.E. MIAMI GARDENS DR.

13. City: N. MIAMI BEACH 14. County: DADE 15. State: FL. 16. Zip Code: 33119

17. Signature of Candidate: X Kenneth Friedman Date: 7/14/06

Campaign Treasurer's Acceptance of Appointment

I, KENNETH FRIEDMAN, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of KENNETH^H FRIEDMAN

who is seeking nomination or election as a N/A candidate to the office of
(Party)

COMMUNITY COUNCIL 2/2 As a duly registered voter in DADE CO., FL

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

7/14/06
Date

X Kenneth Friedman
Signature of Campaign Treasurer or Deputy Treasurer

RUNNING AS
KENNETH FRIEDMAN

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, KENNETH H. FRIEDMAN,
candidate for the office of COMMUNITY COUNCIL AREA 2/2;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Kenneth H. Friedman
Signature of Candidate

7-14-06
Date

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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).



Miami-Dade Supervisor of Elections
 2700 NW 87th Avenue
 Miami, FL 33172 (305) 499-8400

RECEIPT

Candidate:

KENNETH SM HARRIS FRIEDMAN
 First Name Middle Name Last Name

Office: Community Council Area 2 / Subarea # 21

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County
Community Council**

Received by: Kenneth H. Friedman
 Candidate Signature

Date: 7-14-06

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**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

I, KENNETH A. FRIEDMAN, candidate for the office of COMMUNITY COUNCILMAN IN 2A have received, read, and understand the Miami-Dade County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County Commission, and Community Council candidates.

In order to comply with the requirement I declare that I understand that Campaign Treasurer Reports be filed on diskettes or CD-ROMS simultaneously with and in addition to the original signed report, I further declare that:

- I will purchase the necessary software.
- I will use the software provided by the Supervisor of Elections.

Kenneth A. Friedman
Signature of Candidate

7-14-06
Date

(305) 945 3523
Day time Phone #

KENNETH.FRIEDMAN@BELLSOUTH.NET
E-mail address

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MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I, KENNETH H. FRIEDMAN
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, KENNETH H. FRIEDMAN
(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 Community Council Area # 2 Subarea #2/
(office)

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 Unincorporated Miami-Dade County, and that I have been a resident elector of the subarea for which I am qualifying for three (3) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the subarea 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.

SIGN HERE

Kenneth H. Friedman
Signature of Candidate

21305 N.E. 19 Ct. MIAMI FL, 33179 (305) 945-3523 (305) 947-0472
Current Address of Legal Residence Day Phone Fax Number

(305) 409-9025 KENNETH.FRIEDMAN@BELL.SOUTH.COM
Other Phone Number Email Address

MIAMI, FL. 33179 7-12-06
City State Zip Code Date Signed

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 12 day of July, 2006 by Kenneth Friedman

Maria Wolf
Signature of Notary Public - State of Florida

 **MARIA WOLF**
MY COMMISSION # DD 393554
EXPIRES February 10, 2009
Bonded Third Budget Notary Services
Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me Identification provided

