

**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

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2008 JUN 17 PM 3: 11

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

| | |
|--|---|
| Name of Candidate DIANE RICHARDSON | 1. Address (include post office box or street, city, state, zip code) 26780 S. W. 137 CT. - NARANJA, FL 33032 |
|--|---|

| | | |
|--|-------------------------------------|---|
| Telephone (optional) (305) 401-2087 | 2. Party (Partisan candidates only) | 3. Office (add district, circuit, group number) CC-15 / SUBAREA 154 |
|--|-------------------------------------|---|

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

4. Name of Treasurer or Deputy Treasurer
~~DIANE RICHARDSON~~ **KEN FORBES**

| | |
|---|---------------------------------------|
| 5. Mailing Address (If post office box or drawer add street address) 26780 S. W. 137 CT | 6. Telephone (305) 401-2087 |
|---|---------------------------------------|

| | | | |
|---------------------------|--------------------------------|-----------------------|------------------------------|
| 7. City NARANJA | 8. County MIAMI-DADE | 9. State FL | 10. Zip Code 33032 |
|---------------------------|--------------------------------|-----------------------|------------------------------|

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

| | | | |
|--|---|------------------------|------------------------------|
| 11. Name of Bank FIRST NAT'L BANK OF S. FLA. | 12. Street Address 1550 N. KROME AVE. | | |
| 13. City HOMESTEAD | 14. County MIAMI-DADE | 15. State FL | 16. Zip Code 33030 |

| | |
|---|--------------------------|
| 17. Signature of Candidate X Diane Richardson | Date 6/16/2008 |
|---|--------------------------|

Campaign Treasurer's Acceptance of Appointment

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

Campaign Treasurer Deputy Treasurer for the campaign of **KEN FORBES**

who is seeking nomination or election as a **NOP** candidate to the office of
(Party)

CC-15 / SUBAREA 154

**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.**

6/16/2008

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, DIANE RICHARDSON,

candidate for the office of COMMUNITY COUNCIL -15 / SUBAREA 154;

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

x *Diane Richardson*
Signature of Candidate

6/16/2008
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).



Miami-Dade Supervisor of Elections
 2700 NW 87th Avenue
 Miami, FL 33172

(305) 499-8400

RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK

Candidate:

DIANE

RICHARDSON

First Name

Middle Name

Last Name

Office: *Community Council #15 - Subarea 154*

This is to acknowledge my receipt of the following documents:

- The Election Laws of the State of Florida August 2006
- 2006 Candidate and Campaign Treasurer Handbook
- 2008 Miami-Dade County Qualifying Handbook

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 ELECTIONS DEPARTMENT

Received by: *Diane Richardson*
 Candidate Signature

Date: *6/16/2008*

Phone No.: *(305) 401-2087* **Fax No.:** *N/A*

E-mail address: *N/A*



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

I, DIANE RICHARDSON, candidate for the office of Community Council #15/154, 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 electronically simultaneously with and in addition to the original signed report, I further declare that:

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

Diane Richardson
Signature of Candidate

6/16/2008
Date

Day Time Phone No.: (305) 401-2087

E-mail address: N/A

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, DIANE RICHARDSON
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, DIANE RICHARDSON
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING PERIOD)
 am a candidate for the office of: Community Council Member Area #15 Subarea 154

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

- I have been a Miami-Dade County resident elector for at least three years prior to qualifying.
- I have been a resident elector of the Council Area 15 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 154 for at least three (3) 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 Diane Richardson (305) 401-2087
Signature of Candidate Daytime Telephone Number Email Address

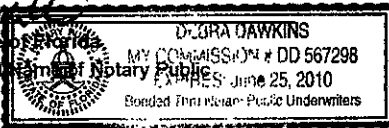
Address 26780 S.W. 137 CT City NARANJA State FL Zip Code 33032

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 16th day of June, 2008 by Debra Dawkins

Personally Known: _____ or
 Produced Identification:

Type of Identification Produced:
R263-160-50-719-0
FL Driver's License

Debra Dawkins
 Signature of Notary Public – State of Florida
 Print, Type or Stamp Commissioned Notary Public


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 MIAMI-DADE COUNTY
 CLERK'S DEPARTMENT

