

**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
2008 JUN 17 PM 12:04
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: RICHARD FRIEDMAN 1. Address (include post office box or street, city, state, zip code): 6328 NW 175 TER HIALEAH, FL 33015

Telephone (optional): () 2. Party (Partisan candidates only): 3. Office (add district, circuit, group number): COMMUNITY COUNCIL 5/53

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

4. Name of Treasurer or Deputy Treasurer: MAUREEN O. FRIEDMAN

5. Mailing Address (If post office box or drawer add street address): 6328 NW 175 TER 6. Telephone: 786-586-4353

7. City: HIALEAH 8. County: MIAMI-DADE 9. State: FL 10. Zip Code: 33015

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

11. Name of Bank: WACHOVIA 12. Street Address: 15615 NW 67 AV FL 6791

13. City: MIAMI-LAKES 14. County: MIAMI-DADE 15. State: FL 16. Zip Code: 33014

17. Signature of Candidate: [Signature] Date: 6-16-2008

Campaign Treasurer's Acceptance of Appointment

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

Campaign Treasurer Deputy Treasurer for the campaign of RICHARD FRIEDMAN

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

COMMUNITY COUNCIL 5/53

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 [Signature]
Date Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED
2008 JUN 17 PM 12:05
MILWAUKEE COUNTY
ELECTIONS DEPARTMENT

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

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

- Original Appointment
- Deputy Treasurer
- Reappointment of Treasurer

Name of Candidate: RICHARD FRIEDMAN

1. Address (include post office box or street, city, state, zip code):
6328 NW 175th TERRACE
HIACLEAH, FL 33015-4437

Telephone (optional): _____

2. Party (Partisan candidates only): _____

3. Office (add district, circuit, group number):
Community Council 5/53

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

4. Name of Treasurer or Deputy Treasurer:
RICHARD FRIEDMAN

5. Mailing Address (If post office box or drawer add street address):
6328 NW 175th TERRACE

6. Telephone:
(305) 556-0988

7. City: HIACLEAH

8. County: MIAMI-DADE

9. State: FL

10. Zip Code: 33015-4437

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

11. Name of Bank: WACHOVIA

12. Street Address: 15615 NW 67th AVE

13. City: MIAMI-LAKES

14. County: MIAMI-DADE

15. State: FL

16. Zip Code: 33015-4437

17. Signature of Candidate: [Signature]

Date: 06/17/08

Campaign Treasurer's Acceptance of Appointment

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

Campaign Treasurer Deputy Treasurer for the campaign of RICHARD FRIEDMAN

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

Community Council 5/53

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.

06/17/08
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

2008 JUN 17 AM 11:58

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I, RICHARD FRIEDMAN,

candidate for the office of Community Council ;

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

X


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).

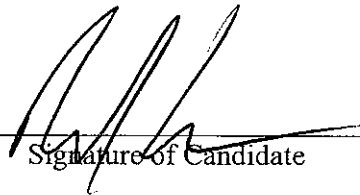


**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

I, Richard Friedman, candidate for the office of Community Council 5/53, 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.


Signature of Candidate

06/17/08
Date

Day Time Phone No.: 305 (786) 586-4343

E-mail address: rmfried@bellsouth.net

RECEIVED
2008 JUN 17 PM 12:02
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

MIAMI-DADE COUNTY LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I, RICHARD — 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, RICHARD 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 County Community Council 5/53
 (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 district for which I am qualifying for six (6) 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.

SIGN HERE


Signature of Candidate

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2008 JUN 17 AM 11:59
ELECTIONS DEPARTMENT
MIAMI-DADE COUNTY

6328 NW 175 TER
Current Address of Legal Residence

(786) 261-7234 (305) 362-7776
Day Phone Fax Number

(305) 693-5242
Other Phone Number

RMFRIED@BELLSOUTH.NET
Email Address

HIALEAH FL 33015
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 17th day of June, 2008 by Richard Friedman


Signature of Notary Public – State of Florida


NOTARY PUBLIC STATE OF FLORIDA
Maria Cristina Acosta
Commission # DD730644
Expires: FEB. 27, 2012
Print Name of Notary Public

Personally known to me Identification provided

