

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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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MIAMI-DADE COUNTY
ELECTIONS DEPT

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)

Steven Leifman

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

1351 N.W. 12th Street
Rm. 617
Miami, FL 33125

4. Telephone

(305) 548-5394

5. E-mail address

sleifman@bellsouth.net

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

Miami-Dade County Judge
Group 12

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

Osnat K. Rind, Esq.

11. Mailing Address

9360 S.W. 72nd Street, Suite 283

12. Telephone

(305) 412-8322

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33173

17. E-mail address

orind@phillipsrichard.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

October 1, 2011

26. Signature of Candidate



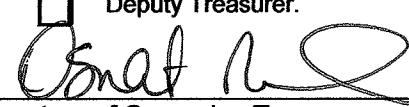
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Osnat K. Rind, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

October 1, 2011

Date


Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
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DEPOSITORY FOR CANDIDATES**

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2. Name of Candidate (in this order: First, Middle, Last)

Steven Leifman

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

1351 N.W. 12th Street
Rm. 617
Miami, FL 33125

4. Telephone

(305) 548-5394

5. E-mail address

sleifman@bellsouth.net

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

Miami-Dade County Judge
Group 12

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

Karen Jones

11. Mailing Address

6468 Manor Lane

12. Telephone

(305) 608-3737

13. City

South Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33143

17. E-mail address

karenjonesmiami@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

SunTrust Bank

20. Address

777 Brickell Ave., 2nd Fl

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33131

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

October 1, 2011

26. Signature of Candidate



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

I, Karen Jones, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

October 5, 2011

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE
FOR JUDICIAL OFFICE**

(Section 105.031(5), F.S.)

(Please Type)

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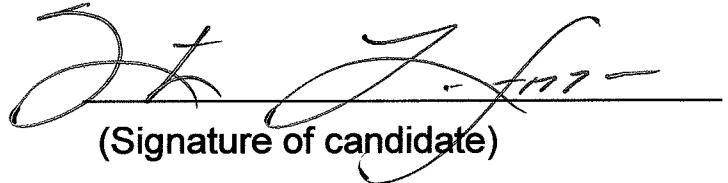
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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Steven Leifman

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.


(Signature of candidate)

10/1/11
(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

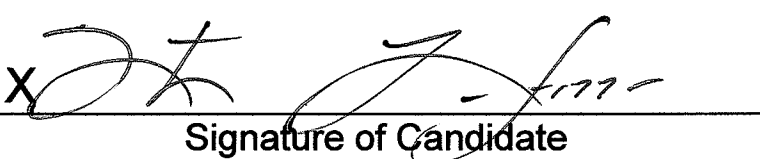
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MIAMI-DADE COUNTY
ELECTIONS DEPT

I, Steven Leifman,

candidate for the office of Miami-Dade County Court Judge (Group 12);

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

X 
Signature of Candidate

October 1, 2011
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).

**Receipt of Handbook and the
Election Laws of the State of Florida**



Candidate/Chairperson:

STEVEN

-

LEIFMAN

First Name

Middle Name

Last Name

MIAMI-DADE County Court Judge (group 12)

Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 2011 OCT -7 PM 2:55
 MIAMI-DADE COUNTY
 ELECTIONS DEPT

Received by:

[Signature]

Candidate/Chairperson Signature

Date:

10/1/11

Phone No.:

305/548-5394

Fax No.:

305/666-5902

E-mail address:

slEIFMAN@bellsouth.net

JUDICIAL OFFICE LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

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MIAMI-DADE COUNTY ELECTIONS DEPT

I, Steven		Leifman
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [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.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Steve Leifman
(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 judicial office of Miami-Dade County Judge, _____, _____,
(office) (district #) (circuit #)

12; my legal residence is Miami-Dade County, Florida; I am a qualified elector
(group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; by executing this form, I have taken the oath required by ss. 876.05 - 876.10, Florida Statutes; 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 which I am required to resign pursuant to Section 99.012, Florida Statutes.

[Signature]
Signature of Candidate

(605) 548-5394
Telephone Number

sleifman@bellsouth.net
Email Address

1351 N.W. 12th St., Rm. 617 Miami
Address City

FL
State

33125
ZIP Code

* 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):

Steve Lifeman

STATE OF FLORIDA

COUNTY OF DADE

OCT 03 2011

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____.

Personally Known or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public

Print, Type or Stamp Commission Name of Notary Public

