

**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.**

RECEIVED

2012 APR -9 PM 4:24

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT
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)

STEVE LEIFMAN

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

1351 NW 12th ST
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 Court 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

Steve Leifman

11. Mailing Address

1351 NW 12th ST Rm 617

12. Telephone

()

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33125

17. E-mail address

sleifman@bellsouth.net

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

19. Name of Bank

SUN TRUST BANK

20. Address

777 Brickell Ave 2nd FL

21. City

MIAMI

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

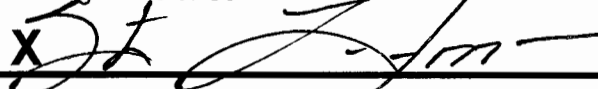
33131

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

April 9, 2012

26. Signature of Candidate

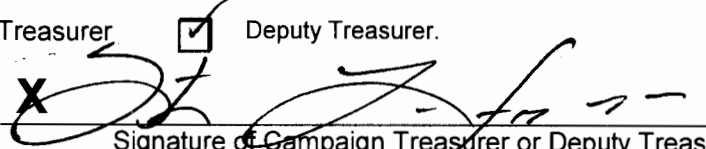
X 

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

I, STEVE LEIFMAN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/9/12
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**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.

RECEIVED

2012 APR 10 PM 1:02

MIAMI-DADE
ELECTIONS

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)

Steve 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 Court Judge
11th Judicial Circuit, 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

33125

17. E-mail address

orind@phillipsrichard.com

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

19. Name of Bank

SunTrust Bank

20. Address

777 Brickell Avenue, 2nd Floor

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

April 9, 2012

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.

April 9, 2012

Date


Signature of Campaign Treasurer or Deputy Treasurer

JUDICIAL OFFICE
CANDIDATE OATH

RECEIVED

OFFICE USE ONLY

2012 APR -9 PM 4:24

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Steve Leifman

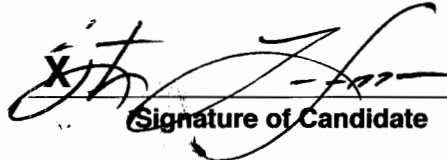
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the judicial office of County Court Judge, _____, 11th Circuit
(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; 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.


Signature of Candidate

(305) 548-5394
Telephone Number

sleifman@bellsouth.net
Email Address

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

FL
State

33125
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 108915726

* 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 Miami-Dade

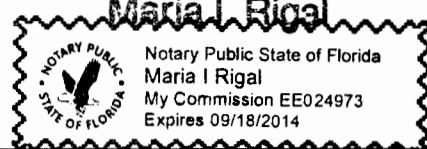
Sworn to (or affirmed) and subscribed before me this 9 day of April, 2012.

Personally Known: _____ or

Produced Identification: 

Type of Identification Produced: Driver's License PL


Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public
Maria I. Rigal



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



- Candidate (office sought): County Court Judge - Group 12
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

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2012 APR 16 9 4:24
MIAMI-DADE
COUNTY
ELECTIONS
MCA
AVF

I, Steve LEIFMAN
(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.

[Signature] _____ 4/9/12 _____
Signature of Candidate or Chairperson Date

Day Time Telephone Number: 305/548-5394

Alternate Contact Number: _____

Email Address: slEIFMAN@bellsouth.net

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.

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Leifman, Steve

MAILING ADDRESS:

1351 N.W. 12th Street

Rm. 617

CITY : ZIP : COUNTY :

Miami 33125 Miami-Dade

NAME OF AGENCY :

11th Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Court Judge Group 12

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ELECTIONS DEPARTMENT
 2012 APR -9 PM 4:24
 ID Code _____
 ID No. _____
 Conf. Code _____
 P. Req. Code _____

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of April 4, 20 12 was \$ 840,000

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 60,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Primary Residence (Address Exempt) Additional Assets Continued on Attached Sheet	\$800,000
SunTrust Bank - Checking Account	\$30,000
SunTrust Bank - Money Market	\$5,000
Merrill Lynch CMA Account (See Attached)	\$10,000
T. Rowe Price - Deferred Compensation (See Attached)	\$302,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NYCB Mortgage Company p.O. Box 742579 Cincinnati, OH 45274-2579	\$405,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Judicial Salary	1351 N.W. 12th St. Rm. 617 Miami, FL 33125	\$133,500
Art Institute of Ft. Lauderdale	P.O. Box 1345 Pittsburgh, PA 15230	\$4,000
GA Psychiatric Association	2711 Irvin Way Suite 11 Decatur, GA 33030	\$1,500
Policy Research Associates	345 Delaware Ave., Delmar, NY 12054	\$1,800

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	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			

COLLECTIONS DEPARTMENT
 APR - 9 PM 1:24
 UNPAID

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

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami - Dade

Sworn to (or affirmed) and subscribed before me this 5th day of

April, 20 12 by Steven Leisman

[Signature]
 (Signature of Notary Public--State of Florida) Damian Collie
 COMMISSION # EE 088126



EXPIRES: APR. 26, 2015
 www.AARONNOTARY.com

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

Form 6 Full and Public Disclosure of Financial Interests 2011
Part B - Assets Continued/Attachment
Judge Steve Leifman

Assets Individually Valued At Over \$1,000 Continued:	Value of Asset
2 Acres of Property – Park County, CO.	\$25,000
MFS Mutual Fund	\$38,000
Israel Bonds	\$5,000

Attachments – Description of Assets

Merrill-Lynch Portfolio

CMA Money Fund and Cash Account
Touchstone Large Cap Growth FD CL C
American Capital WLD GRW & Inc CL C
Franklin Income FD CL C
Janus Forty FD CL C
Wisdom Tree DIV EX

T Rowe Price Portfolio

Growth Stock
International Growth & Income
New Horizons
Mid Cap Growth
Science & Technology
Small Cap Value

MFS Portfolio

MFS Total Return Fund-A
MFS Aggressive Growth Allocation FD-A

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2012 APR -9 PM 1:25
ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741119

RECEIVED FROM Judge Steve Leifman
ADDRESS 9360 South West 72 St. Suite 283
Miami CITY FL STATE 33173 ZIP

DATE 4 / 9 / 12
MONTH DAY YEAR
CASH \$ _____
CHECKS \$ 5,371.20
TOTAL \$ 5,371.20

AMOUNT OF: Five Thousand Three Hundred seventy One DOLLARS, AND Twenty CENTS

FOR PAYMENT OF: Qualifying Fee - Judge Group 12

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

DEPT.: Elections BY: A. Vanessa Tamocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

JUDGE STEVE LEIFMAN
CAMPAIGN ACCOUNT
9360 SOUTH WEST 72 ST
SUITE 283
MIAMI, FL 33173

SUNTRUST BANK
MIAMI, FL 33131
63-215/631

106

4/4/12

PAY TO THE ORDER OF Board of County Commissioners \$ *****5,371.20

Five thousand, three hundred seventy-one and 20/100 DOLLARS

MEMO Filing Fee Group 12 CC Judge

Details on Back Intuit® CheckLock™ Secure Check