

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

OFFICE USE ONLY

Proof of residency provided:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Voter Information Card | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Lease Agreement |

OATH OF CANDIDATE

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, KEON HARDEMON
(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 nonpartisan office of MIAMI-DADE COUNTY COMMISSION, 3
(OFFICE) (DISTRICT/AREA/SUBAREA)

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; I have resigned from any office from 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X [Signature] (786) 515-7974 INFO@KEONHARDEMON.COM
Signature of Candidate Telephone Number Email Address
1350 NW 8th Ct WIT 409 MIAMI FL 33136
Address City State Zip Code

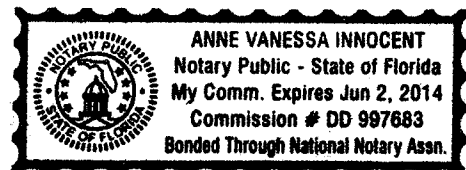
Candidate's Florida Voter Registration Number (located on your voter information card): 105185779

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 1st day of June

Personally Known: _____ or
Produced Identification: ✓
Type of Identification Produced:
FL Driver's License

Anne Vanessa Innocent
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

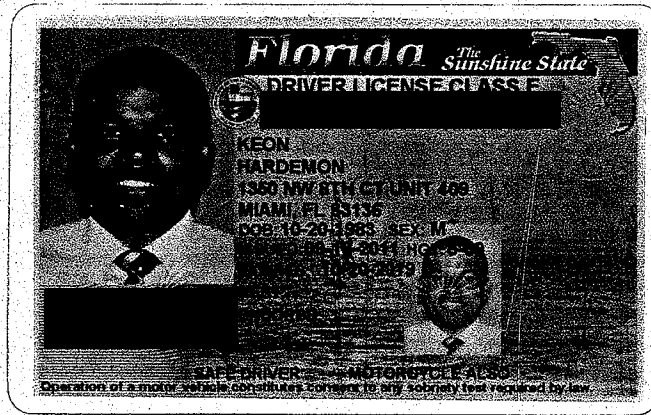


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MIAMI-DADE
ELECTIONS



FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2011

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

FINANCIAL INTERESTS

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

HARDEMON KEON

FOR OFFICE USE ONLY: JUN - 1 PM 4:22

MAILING ADDRESS:

1350 NW 8TH CT UNIT 409

MIAMI-DADE ELECTIONS

CITY:

MIAMI

ZIP:

33136

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

MIAMI-DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MIAMI-DADE COUNTY COMMISSION - DISTRICT 3

ID No.

Conf. Code

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

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 5/29, 2012 was \$ -129,820.79

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 \$ 28,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
CASH (BANK OF AMERICA)	\$ 4,609.78

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
DEPARTMENT OF EDUCATION / LOAN CONSOLIDATION CENTER P.O. BOX 242800	\$ 159,509.52
BANK OF AMERICA AMERICAN EXPRESS 100 N. TRYON ST CHARLOTTE, NC	\$ 2,921.05

LOUISVILLE, KY 40224-2800

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

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
OFFICE OF THE PUBLIC DEFENDER	1320 NW 14 TH ST MIAMI, FL 33135	\$ 42,000

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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY	N/A		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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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.

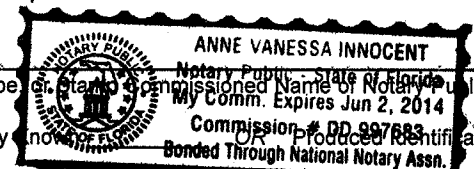

 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 1ST day of

June, 2012 by Koon Hardemon


 (Signature of Notary Public--State of Florida)


 (Print, Type or Stamp Commissioned Name of Notary Public)
 Personally Produced Identification
 Bonded Through National Notary Assn.

Type of Identification Produced FL Driver's License

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.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741196

RECEIVED FROM Keon Hardemon

DATE 6 / 1 / 12
MONTH DAY YEAR

ADDRESS 1350 NW 8th Court - Unit 409
STREET ADDRESS

CASH \$ _____

Miami CITY FL STATE 33136 ZIP

CHECKS \$ 360 . 00

AMOUNT OF: Three Hund DOLLARS, AND _____ CENTS TOTAL \$ 360 . 00

FOR PAYMENT OF: Qualifying Fee - Commissioner District 3

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

DEPT.: Elections BY: Anne Yonessa Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

KEON HARDEMON CAMPAIGN ACCOUNT

1350 N.W. 8TH CT., APT. 409
 MIAMI, FL 33136
 PH. (786) 515-7974

1002

63-27/631 FL
 995

DATE 5/29/12

PAY TO THE ORDER OF BOARD OF COUNTY COMMISSIONERS

\$ 360.00
00/100
 DOLLARS

THREE HUNDRED SIXTY



ACH R/T 063100277

FOR FILING FEE/COMMISSION DIST. 3

Security Features Details on Back.

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