#### 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

## RECEIVED

2016 JUN 21 AM 8:57

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

| officer before opening the                                                                                         | campaign account.                                                  |            |                                                                                                                       |                 |          | OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | USE    | ONLY   |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| 1. CHECK APPROPRIATE Initial Filing of Form                                                                        | · •                                                                | reasurer/  | Deputy 🔲                                                                                                              | Depository      |          | Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        | Party  |
| 2. Name of Candidate (in this order: First, Middle, Last) DIANE RICHARDSON                                         |                                                                    |            | 3. Address (include post office box or street, city, state, zip code) 26780 S. W. 137 COURT                           |                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |        |
| 4. Telephone                                                                                                       | 5. E-mail address                                                  | NAR        | ANJA, FL 3                                                                                                            | 3032            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |        |
| (786 ) 691-5682 I                                                                                                  | LADYANGELDEE725@YA                                                 | H          |                                                                                                                       |                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |        |
| 6. Office sought (include district, circuit, group number) COMMUNITY COUNCIL - 15; SUBAREA - 154  M.Am. Die County |                                                                    |            | 7. If a candidate for a <u>nonpartisan</u> office, check if applicable:  My intent is to run as a Write-In candidate. |                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |        |
|                                                                                                                    | isan office, check block and fil                                   | Lin name   | of party as a                                                                                                         | annlicable: N   | Av inter | nt is to run                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20.2   |        |
|                                                                                                                    |                                                                    | i iii mame | or party as a                                                                                                         | аррисавіе.      | ny inter |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |        |
| Write-In No F                                                                                                      | Party Affiliation                                                  |            |                                                                                                                       |                 | Part     | y cand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | idate. |        |
| 9. I have appointed the fol                                                                                        | llowing person to act as my                                        | X Car      | mpaign Treas                                                                                                          | urer 🔲 [        | Deputy   | Treasure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | r      |        |
| 10. Name of Treasurer or Deputy Treasurer KEN FORBES                                                               |                                                                    |            |                                                                                                                       |                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |        |
| 11. Mailing Address                                                                                                |                                                                    |            |                                                                                                                       | 12.             | Teleph   | none                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |        |
| P O. BOX 4859                                                                                                      |                                                                    |            |                                                                                                                       | ( 7             | '86 )    | 601-940                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | )6     |        |
| 13. City Privileton                                                                                                | 14. County 15. St                                                  | ate 16     | . Zip Code 33092                                                                                                      | 17. E-mail add  |          | ma, C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . c    | on Cuo |
| 18. I have designated the                                                                                          | _                                                                  | X Prima    | ary Depositor                                                                                                         | y 🔲 Sed         | condar   | y Deposito                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ory    |        |
| 19. Name of Bank                                                                                                   | UK Amoraca                                                         | 20. Add    |                                                                                                                       | SNW             | 87       | AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |        |
| 21. City                                                                                                           | 22. County MAMA                                                    | nne        | 23. State                                                                                                             | CI              |          | 24. Zip Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ode    | 3      |
| MAIN                                                                                                               | Midmi                                                              | ASC        |                                                                                                                       |                 |          | 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | //     |        |
|                                                                                                                    | RY, I DECLARE THAT I HAVE READ TH<br>GNATION OF CAMPAIGN DEPOSITOR | Y AND THA  | T THE FACTS S                                                                                                         | TATED IN IT ARE |          | IPAIGN TRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EASURE | ER AND |
| 25. Date                                                                                                           |                                                                    | 26. Sign   | ature of Cand                                                                                                         | didate          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |        |
| JUNE 20, 2016                                                                                                      |                                                                    | X          | Wine.                                                                                                                 | Kicho           | irs      | Son                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | )      |        |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)                     |                                                                    |            |                                                                                                                       |                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |        |
| 1.                                                                                                                 | KEN FORBES                                                         |            |                                                                                                                       | , do hereby     | accent   | the appoi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ntmen  | t      |
|                                                                                                                    | (Please Print or Type Name)                                        |            | -                                                                                                                     | _ ,,            |          | Selection of the select |        |        |
| designated above as:                                                                                               |                                                                    | er 🗌       | Deputy Trea                                                                                                           | asurer.         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |        |
| JUNE 20, 2016 X                                                                                                    |                                                                    |            |                                                                                                                       |                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |        |
| Date Signature of Campaign Treasurer or Deputy Treasurer                                                           |                                                                    |            |                                                                                                                       |                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |        |

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

#### OFFICE USE ONLY

2016 JUN 21 AM 8:57

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

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

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

Signature of Candidate

JUNE 20, 2016

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).



# Access to Handbook and the RECEIVED Election Laws of the State of Florigian 21 AM 8:57

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

| Candidate/Chairperson:               |                                                       | TO THE REAL PROPERTY.                                                                                                               |
|--------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| DIANE                                |                                                       | RICHARDSON                                                                                                                          |
| First Name                           | Middle Name                                           | Last Name                                                                                                                           |
| Mi Ami DADE County<br>COMMUNITY COUN | Anéa<br> CIL - 15; SUBA                               | REA - 154                                                                                                                           |
| (                                    | Office Sought / Organization                          | on                                                                                                                                  |
|                                      | e following resources                                 | d, understand and follow the available on the Miami-Dade                                                                            |
| Florida, County Laws and H           | te Laws and Handbooks, i<br>andbooks, Qualifying Info | de.gov/elections/candidate.asp) the Election Laws of the State of rmation, Electronic Reporting Dates d Recent Legislative Changes. |
|                                      | te Laws and Handbooks, a<br>andbooks, Electronic Rep  | the Election Laws of the State of orting Dates and Procedures,                                                                      |
| Acknowledged by:                     | nl Kich and<br>Candidate / Chairpers                  | on Signature                                                                                                                        |
| Date: JUNE 20, 2016                  | )                                                     |                                                                                                                                     |
| Primary Telephone Number:            | (786) 691-5682                                        |                                                                                                                                     |
| Alternate Telephone Number:          | N/A                                                   |                                                                                                                                     |
| E-mail address:                      | IGELDEE725@Y                                          | AHOO.COM                                                                                                                            |

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



| V                 | Candidate (office sought):                                                                                                                                                                                                                                                                                                                                                         | 5; SUBAREA                                              | - 154                              |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------|
|                   | Candidate's Florida Voter Registration Number:                                                                                                                                                                                                                                                                                                                                     | 0893                                                    |                                    |
|                   | Political Committee:                                                                                                                                                                                                                                                                                                                                                               |                                                         |                                    |
|                   | Party Executive Committee:                                                                                                                                                                                                                                                                                                                                                         | E                                                       | 2016                               |
|                   | Other:                                                                                                                                                                                                                                                                                                                                                                             | AMI-D                                                   | JUN 2                              |
| l,                | DIANE RICHARDSON (Please print name of Candidate or Chairperson)                                                                                                                                                                                                                                                                                                                   | ADE COL<br>S DEPAR                                      | A <                                |
| S<br>W<br>1<br>re | nderstand that Campaign Treasurer's Reports must be filed supervisor of Elections website by midnight of the day designate in the day designate in the code of Miami-Dade County requirements. I also acknowledge the 2-21 of the Code of Miami-Dade County regarding the filing comports with the Supervisor of Elections were recently amended ardcopies are no longer required. | ated in order to<br>nat Sections 12<br>of the campaign  | comply<br>-17 and<br>finance       |
| C<br>C<br>m       | also understand that, in accordance with Section 12-14.1 of the County, Florida, candidates running for the Offices of Miam commissioner, Property Appraiser, Clerk of the Circuit Courts, and the Absentee Ballot Campaign Report (MD-ED 26) of paid campaign workers engaged in absentee ballot activities.                                                                      | ni-Dade County<br>and Community                         | Mayor,<br>Council                  |
| th<br>E           | astly, I understand that Section 2.69(e) of the Code of Miamenat candidates for Property Appraiser also fill out the Miami-Date (MD-ED 19) form for every reporting period if contribution or poration incorporated under the laws of the State of Florida coreign country of any partnership or any other legal entity other                                                      | ade county Con<br>ons are received<br>or any other stat | itributing<br>d from a<br>e or any |
| _                 | Drine Richardson                                                                                                                                                                                                                                                                                                                                                                   | 06/20/201                                               | 6                                  |
|                   | Signature of Candidate or Chairperson                                                                                                                                                                                                                                                                                                                                              | Date                                                    |                                    |
| D                 | Day Time Telephone Number: (786) 691 5682                                                                                                                                                                                                                                                                                                                                          |                                                         |                                    |
| А                 | Ilternate Contact Number:                                                                                                                                                                                                                                                                                                                                                          |                                                         | _                                  |
| Е                 | mail Address: LADYANGELDEE725@YAF                                                                                                                                                                                                                                                                                                                                                  | 100.COM                                                 | 1                                  |

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.