

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

RECEIVED

10 JUN 14 PM 1:20

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE BOX:

☒ Original Appointment Change in: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

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

RICHARD (NONE) FRIEDMAN

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

6328 NW 175th TERRACE

4. Telephone (optional)

(305) 556 0988

5. E-mail address (optional)

rmfried@bellsouth.net

HIALEAH FL 33015

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

COMMUNITY COUNCIL 05/53

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

MAUREEN O FRIEDMAN

11. Mailing Address (If post office box or drawer, also include street address)

6328 NW 175th TERRACE

12. Telephone

(305) 556-0988

13. City

HIALEAH

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33015

17. E-mail address (optional)

rmfried@bellsouth.net

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

19. Name of Bank

WACHOVIA

20. Street Address

15615 NW 67th AVENUE

21. City

MIAMI-LAKES

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33014

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

06/14/2010

26. Signature of Candidate

X

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

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

designated above as:



Campaign Treasurer



Deputy Treasurer

6-14-2010

Date

X

Maureen O Friedman

Signature of Campaign Treasurer or Deputy Treasurer

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RICHARD (NONE) FRIEDMAN

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

6328 NW 175th TERRACE
HIALEAH FL 33015

4. Telephone (optional)

(305) 556 0988

5. E-mail address (optional)

rmfried@bellsouth.net

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Community Council 05/53

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10. Name of Treasurer or Deputy Treasurer

RICHARD FRIEDMAN

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6328 NW 175th TERRACE

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25. Date

06/14/2010

26. Signature of Candidate

X

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

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

designated above as:

☐ Campaign Treasurer ☒ Deputy Treasurer

06/14/2010

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

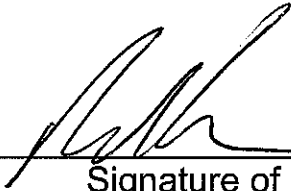
I, RICHARD FRIEDMAN,

candidate for the office of COMMUNITY COUNCIL 05/53;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X



Signature of Candidate

06/14/2010
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

RECEIVED

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

10 JUN 14 PM 1:20

Candidate/Chairperson
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

RICHARD

First Name

Middle Name

FRIEDMAN

Last Name

COMMUNITY

COUNCIL

05/53

Office Sought / Organization

This is to acknowledge my receipt of the following documents:

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

Received by:

Candidate/Chairperson Signature

Date:

06/14/2010

Phone No.:

(305) 556-0988

Fax No.:

(305) 362-7776

E-mail address:

rmfried@bellsouth.net

RECEIVED

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



MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

- ☒ Candidate (office sought): COMMUNITY COUNCIL 05/53
- ☐ Political Committee: _____
- ☐ Party Executive Committee: _____
- ☐ Other: _____

I, RICHARD FREEMAN
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

[Signature] 06/14/2010
Signature of Candidate or Chairperson Date

Day Time Telephone No: (305) 693-5242

Email Address: rmfried@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.

**LOYALTY OATH FOR MIAMI-DADE COUNTY
COMMUNITY COUNCIL MEMBER**

(Sections 876.05-876.10, Florida Statutes)

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STATE OF FLORIDA Miami-Dade County

10 JUN 14 PM 1:20

I, <u>RICHARD FRIEDMAN</u>	<u>(NONE)</u>	<u>FRIEDMAN</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, RICHARD FRIEDMAN

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

am a candidate for the office of : **Community Council Member Area** 05 **Subarea** 53

I am a qualified elector of **Miami-Dade County**, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Unincorporated Miami-Dade County

- ☒ I have been a Miami-Dade County resident elector for at least three years prior to qualifying.
- ☒ I have been a resident elector of the Council Area 05 for at least six (6) months prior to qualifying.
- ☒ I have been a resident elector of the Subarea 53 for at least three (3) months prior to qualifying.

I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- ☒ driver's license ☐ property tax receipt ☐ homestead exemption receipt
☐ utility bill ☐ lease agreement

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

X

[Signature]
Signature of Candidate

(305) 693-5242
Daytime Telephone Number

rfried@bellsouth.net
Email Address

<u>6328 NW 175th TERRACE HIALEAH FL</u>	<u>33015</u>
Address	Zip Code

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 14th day of JUNE, 2010 by Richard Friedman

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced:

FL DRIVERS LIC

[Signature]
Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Maria Cristina Acosta
Commission #DD730644
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

