

NAME ON BALLOT: KENNETH FRIEDMAN

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 AM 11:23  
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)

KENNETH HARRIS FRIEDMAN

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

21305 N.E. 19 CT.  
MIAMI, FL. 33179

4. Telephone (optional)

(305) 945-3523

5. E-mail address (optional)

KENNETHFRIEDMAN@BELLSOUTH.NET

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

COMMUNITY COUNCIL AREA 2

7. If a candidate for a nonpartisan office, check if applicable:

NONPARTISAN

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

KENNETH HARRIS FRIEDMAN

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

21305 N.E. 19 CT. MIAMI, FL. 33179

12. Telephone

(305) 945-3523  
(305) 932-6182

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL.

16. Zip Code

33179

17. E-mail address (optional)

KENNETHFRIEDMAN@BELLSOUTH.NET

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

19. Name of Bank

PENINSULAR BANK

20. Street Address

1802 N.E. MIAMI GARDENS DRIVE

21. City

N. MIAMI BEACH

22. County

MIAMI-DADE

23. State

FL.

24. Zip Code

33179

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

6-12-10

26. Signature of Candidate

X Kenneth Harris Friedman

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

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

designated above as:     Campaign Treasurer     Deputy Treasurer.

6-12-10  
Date

X Kenneth Harris Friedman  
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, KENNETH HARRIS FRIEDMAN,

candidate for the office of COMMUNITY COUNCIL - AREA 2 ;

SUBAREA 21

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

Florida Statutes.

X Kenneth Friedman  
Signature of Candidate

6-12-10  
Date

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

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



MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**Candidate/Chairperson:**

RENNEETH                      NAARIS                      FRIEDMAN  
 First Name                      Middle Name                      Last Name

COMMUNITY COUNCIL AREA 2 SUBAREA 21  
 Office Sought / Organization

**This is to acknowledge my receipt of the following documents:**

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

Received by: Reneth Friedman  
 Candidate/Chairperson Signature

Date: 6-10-10

① 305-945-3523

Phone No.: 305-932-6182

Fax No.: 305-942-0422

E-mail address: RENNEETHFRIEDMAN@BELLSOUTH.NET

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



MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

- Candidate (office sought): HARRIS KENNETH FRIEDMAN - COMMUNITY COUNCIL AREA 2 SUBAREA 2
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

I, KENNETH HARRIS FRIEDMAN  
(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.

Kenneth Harris Friedman 6-12-10  
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-9453523

Email Address: KENNETH.FRIEDMAN@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)

**RECEIVED**

10 JUN 14 AM 11:23

STATE OF FLORIDA Miami-Dade County

I, <u>KENNETH</u>	<u>N.</u>	<u>FRIEDMAN</u>	MIAMI-DADE COUNTY ELECTORIAL DEPARTMENT
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, KENNETH N. 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 2 Subarea 21**

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 2 <sup>SUBAREA 21</sup> for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 21 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.**

<b>X</b> <u>Kenneth N. Friedman</u>	<u>305-945-3523</u>	<u>KENNETH FRIEDMAN @ BELL SOUTH.NET</u>
Signature of Candidate	Daytime Telephone Number	Email Address

<u>21305 N.E. 19th, MIAMI</u>	<u>FL</u>	<u>33179</u>
Address	City	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 12 day of JUNE, 2010 by MARIA WOLF  
*MARIA WOLF*

Personally Known: \_\_\_\_\_ or  
Produced Identification:

Type of Identification Produced:  
FL Driver License

Maria Wolf  
Signature of Notary Public - State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public



MARIA WOLF  
Commission # DD 862043  
Expires February 17, 2013  
Bonded thru Troy Pain Insurance 800-385-7010



**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 5997478

RECEIVED FROM Kenneth Friedman

DATE 6 / 14 / 2010  
MONTH DAY YEAR

ADDRESS 21305 N.E. 19 CT.  
MIAMI FL 33179  
CITY STATE ZIP

CASH \$ \_\_\_\_\_  
CHECKS \$ 100.00  
TOTAL \$ 100.00

AMOUNT OF: One-hundred DOLLARS, AND \_\_\_\_\_ CENTS

FOR PAYMENT OF: Qualifying Fee for Community Council Area 2, Sub Area 21  
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Zaida Reyes

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Name <u>KENNETH FRIEDMAN</u>	CHECK #1
Account No _____	<u>6/14/2010</u> Date
Pay to the Order of <u>BOARD OF COUNTY COMMISSIONERS</u>	\$ <u>100.00</u>
<u>ONE HUNDRED DOLLARS + <sup>00</sup>/<sub>100</sub></u>	Dollars
PENINSULA BANK 1802 N.E. Miami Gardens Dr. N. Miami Beach, Florida 33179	
For <u>COUNTY FILING FEE</u>	<u>Kenneth Friedman</u>
⑆0670⑆2484⑆0020053995⑆9999	

Harland Clarke

GUARDIAN SAFETY® BLUE