(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

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2016 JAN 11 PM 12: 03

OFFICE OF THE CITY CLERK

OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: 🗸 Treasurer/Deputy ☐ Depository Partv Initial Filing of Form 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) Keon Hardemon 5. E-mail address. 4. Telephone keonhardemon@gmail.com 6. **Office sought** (include district, circuit, group number) Miami City Commissioner District 5 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 candidate. Write-In No Party Affiliation Party **Deputy Treasurer** Campaign Treasurer 9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer Adia McKenzie 12. Telephone 11. Mailing Address 14. County 15. State: 16. Zip Code 17. E-mail address 13. City Miami-Dade FI. Miami adiamckenzie@gmail.com 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 5000 Biscayne Blvd. Bank of America 23. State 24. Zip Code. 22. County 21. City 33137 Miami-Dade FL Miami 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 26. Signature of Candidate 1/9/2016 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) Adia McKenzie do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. designated above as: Campaign Treasurer 1/9/2016 Signature of Cambaidn Treasurer or Deputy Treasurer Date

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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CITY OF MIAMIL FLERK

NOTE: This form must be on file with the qualifying officer before opening the campaign account.			3	OFFICE USE ONLY						
1. CHECK APPROPRIATE	BOX(E	3):								
Initial Filing of Form	Re	-filing to Change: 🔽	Trea	surer/D	eputy [Depositor	ry 🔲	Office		Party
2. Name of Candidate (in this order: First, Middle, Last) KEON HARDEMON				Address (include post office box or street, city, state, zip code)						
4. Telephone	l .	iil address HARDEMON@GM	AIL							
6. Office sought (include district, circuit, group number) MIAMI CITY COMMISSIONER/DISTRICT 5 7. If a cand applicat							i <mark>isan</mark> office	·		
8. If a candidate for a part	<u>lisan</u> offi	ce, check block and	fill in	name o	of party as	applicable	: My int	ent is to rui	n as a	
Write-In No	Party Affi	liation					Pa	arty can	didate.	
9. I have appointed the fo	llowing	person to act as my	~	Cam	paign Trea	surer	Deput	ty Treasure	ər	
10. Name of Treasurer or E ADIA MCKENZIE	eputy Tr	easurer								
11. Mailing Address							12. Tele	phone		
_13. City	14. C	county 15. S	State	16. 2	Zip Code	17. E-mail ADIAMC			L.COI	VI
18. I have designated the following bank as my										
19. Name of Bank BANK OF AMERICA	2 CO 1000			0. Addre 000 BIS	ess SCAYNE	BLVD		***************************************		
21. City MIAMI		22. County MIAMI-DADE	-		23. State FL			24. Zip C 33137	ode	
UNDER PENALTIES OF PERJUID	RY, I DECL	ARE THAT I HAVE READ TO OF CAMPAIGN DEPOSITO	ORY AN	ND THAT	THE FACTS	STATED IN IT	ENT OF CA	MPAIGN TR	EASURE	ER AND
25. Date			26	Signal	tyre of Can	ididate	7/			
9/10/2015			X	′ 7	—	>	14			
27. Treasure	er's Acce	eptance of Appointme			blanks and	check the	uppropriat	te block)		
1		DIA MCKENZIE			`	\ //		ot the appoi	intmen	t
•1	(Pleas	se Print or Type Name)	,	/	-	_/, _/	7	A prince market		•
designated above as:	✓	Campaign Treasu	ırer		Deputy Tre	easurer.	/			
9/10/20	115	X	A	dia 1	K. ms	Kenzil				
Date	 }		Sig	nature		gn Treasure	r or Depu	ity Treasur	er	

To Whom It May Concern:

I hereby request that Davie Madison is removed as my treasurer as of 9/10/15.

Keon Hardemon

Thank you,

CITY OF MIAMI

(Section 106.021(1), F.S.)

-6731 PU 6:40

(PLEASE PRINT OR TYPE)										
NOTE: This form must be officer before opening the c		•	ifying					OFFICE	: USE	ONLY
1. CHECK APPROPRIATE BOX(ES): ✓ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party										
Name of Candidate (in this order: First, Middle, Last) KEON HARDEMON				3. A	ddress (includ e)	le post offic	e box or s	treet, city,	state, z	cip
	E-mail a EONHA	address ARDEMON@	GMAI	L						
6. Office sought (include dist	rict, circu	uit, group numb	er)		7. If a cand	didate for a	nonparti	<u>san</u> office	, chec	k if
MIAMI CITY COMMISSION/DISTRICT 5				applicable: My intent is to run as a Write-In candidate.						date.
8. If a candidate for a partisa	an office	e, check block	and fill	in nam	e of party as	applicable	: My inte	ent is to rur	ı as a	
Write-In No Party Affiliation Party candidate.										
9. I have appointed the following person to act as my										
10. Name of Treasurer or Deputy Treasurer DAVIE MADISON										
11. Mailing Address 7688 NW 5TH ST APT. 1-J 12. Telephone (954) 860-4058										
13. City 14. County 15. Sta PLANTATION BROWARD FL				te 16. Zip Code 17. E-mail address DAVIEMADISON@GMAIL.COM						
18. I have designated the following bank as my Primary Depository Secondary Depository										
19. Name of Bank BANK OF AMERICA 20. Address 5000 BISCAYNE BLVD										
21. City MIAMI		22. County MIAMI-DADE			23. State FL			24. Zip C 33137	ode	
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				26. Sig	pature of Can	didate	TT			
8/27/2015				X			11			M
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
DAVIE MADISON , do hereby accept the appointment										
(Please Print or Type Name)										
designated above as:										
8 <i>1</i> 27/15 X				7	~ M		Z			
Date				Signatu	re of Campai	gn Tréasure	er or Depu	ty Treasur	ər	
DS-DE 9 (Rev. 10/10)						7		Rule 1S-2.	0001,	F.A.C.

(Section 106.021(1), F.S.)

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(PLEASE PRINT O	R TYPE)						
NOTE: This form must be on f officer before opening the campa				OFFICE USE ONLY			
1. CHECK APPROPRIATE BOX(E	S):						
✓ Initial Filing of Form Re	e-filing to Change:	Treasurer/Deputy	Depository	Office Party			
2. Name of Candidate (in this order KEON HARDEMON	er: First, Middle, Last)	3. Address (included code)	le post office box or s	street, city, state, zip			
	ail address HARDEMON@GMA	AL.					
6. Office sought (include district, o	circuit, group number)	ľ		isan office, check if			
MIAMI CITY COMMISSION/DISTRICT 5 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 Af	filiation		Pa	nty candidate.			
9. I have appointed the following	person to act as my	Campaign Trea	surer 🗸 Deput	ty Treasurer			
10. Name of Treasurer or Deputy Treasurer KEON HARDEMON							
11. Mailing Address 12. Telephone							
	County 15. St FL	tate 16. Zip Code	17. E-mail address KEONHARDEM	ON@GMAIL.COM			
18. I have designated the following bank as my Primary Depository Secondary Depository							
19. Name of Bank BANK OF AMERICA	- Equitable - The State and Laboratory - The State and State - The State -	20. Address 5000 BISCAYNE	BLVD				
21. City MIAMI	22. County MIAMI-DADE	23. State FL		24. Zip Code 33137			
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	The second secon	26. Signature of Can	didate				
8/27/2015		X	4				
27. Treasurer's Acc	eptance of Appointmer	nt (fill in the blanks and	check the appropriat	te block)			
KEON HARDEMON , do hereby agcept the appointment							
(Please Print or Type Name)							
designated above as:	Campaign Treasure	Deputy Tre	asurer.				
8 <i>l</i> 27/15							
Date		Signature of Campai	gn Treasurer or Depu	ity Treasurer			
DS-DE 9 (Rev. 10/10)			1	Rule 1S-2.0001, F.A.C.			