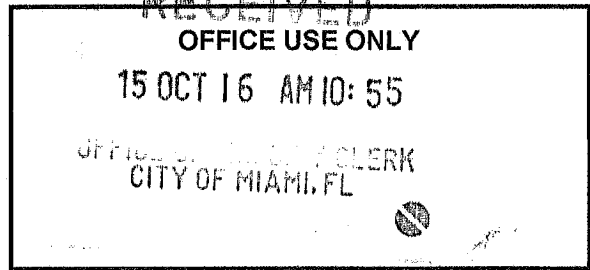


CAMPAIGN TREASURER'S REPORT SUMMARY



(1) Keon Hardemon

(2) Name

[REDACTED]

Address (number and street)
Miami, FL [REDACTED]

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es): Miami Commissioner District 5

- Candidate Office Sought: _____
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 09 / 01 / 15 To 09 / 30 / 15 Report Type: M9

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 0 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

Adia McKenzie
 (Type name)

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Adia K. McKenzie
 Signature

Keon Hardemon
 (Type name)

Candidate Chairperson (only for PC and PTY)

X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Keon Hardemon

(1) Name _____ (2) I.D. Number _____

(3) Cover Period 09 / 01 / 15 through 09 / 30 / 15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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 CITY OF MIAMI, FL

CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Keon Hardemon
 (3) Cover Period 09 / 01 / 15 through 09 / 30 / 15

(2) I.D. Number _____
 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Keon Hardemon

(2) I.D. Number _____

(3) Cover Period 09 / 01 / 15 through 09 / 30 / 15

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Keon Hardemon (2) I.D. Number _____

(3) Cover Period 09 / 01 / 15 through 09 / 30 / 15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
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KEVIN HARRISON

13 OCT 2015 PM 5 L

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3500 PAN AMERICAN DRIVE
MIAMI, FL 33133