AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA



STATE OF FLORIDA COUNTY OF MIAMI-DAD! CITY OF MIAMI	E) 		OF THE CITY CLERK Y OF MIAMI, FL
Keon Hardemon	(hereinafter "aff	iant"), being first duly swor	
My name is Keon Hardemo	· · · · · · · · · · · · · · · · · · ·	mate), coming must doily swon.	hi VoA offet
2. For those candidates seeking t (b) below:	the office of Commissione		ne blank in subsection
	that I must maintain an actu	fice of Mayor of the City of all and real residence within	the City of Miami for
(b) I am offering myself City of Miami, Florida. If within the district for the di	as a candidate of the office elected, I fully understand	e of Commissioner in Distri that I must maintain an act	ict Number 5 of the
3. I have resided in the City of and one year in the district qualified elector of the City	ct if applying for the Com	mission, and I am a regist	ered voter and a duly
I presently reside at the foll			
which is my legal addres Sept. 2011 to the pres	s, and I have resided cor	ntinually at said address fi	rom the / day of
	ods of time (list hereinbelo he length of time at each ad	w all addresses at which your dress):	u have resided for the
	ty of Villanti Florida fother	For the Period	
s to was after in solito sale of			gitter Hagrage
	TO THE SOURCE SELECT STEPS FEEL	to the name of the	ill Rather Assemble
In addition to the residence addresses on a temporary b	e that I have listed as my passis as a secondary domicil	resent address, I also reside e or domiciles:	at the following listed
N/A		normanapa a election to p	god to sic much
6. Affiant's spouse resides at		st include city, state and zip	
N/A		arch employee or beard in	

N/A	TOTAL DESIGNATION	30/717	
8. At the present time, af stipulated in subparagrap		vote in any city, county or state other	than a
9. Name and business add	ress of affiant's employer:	IMATA NE	SEHONS
Miami-Dade Public Defen	der's Office	(herein)	Pos
1320 NW 14th St Miami, F	FL 33125	T.P. Keen Haroemon	20 P
		the crimalidates seeking the office of h	2:
		for the following period of time:	52
		I am offering myself as a candidate for	
12. Affiant represents that whether city, county or the office he/she seeks,	at he/she (is) (is no) currently he municipal – the term of which of and that he/she has resigned from	nolding another elective or appointive or any part thereof runs concurrently with many office from which he/she is requ	office
13. Affiant represents that currently held by an of him/her and who has comployee of the City of city clerk) or member of mayor), affiant in the comployment during the	fficer who has authority to app qualified as a candidate for ree f Miami (other than city manage of a city board of the City of Mi case of an employee shall take period in which affiant is seek	seeking to qualify for public office worms, employ, promote, or otherwise subjection to that office. (Note: If affiarer, city attorney, independent auditor generami, Florida (other than a city commission a leave of absence, without pay from ang election to public office or in the case of absence or resignation to be effective	nt is a meral of ioner of his/ho ase of
(a) such employee or consent for any other	er person to receive contribution	tions or makes expenditures, or gives he s or make expenditures, with a view to b	er or h
about his or her non	nination or election to public off	ce; or	ANIA

candidates oath as required by law.

 The definition of "city board" is found in Section 2-882 of the Miami City Code.

14. Affiant's campaign headquarters address and telephone number:
5505 NW 7th Ave Miami, FL 33127
Affiant's campaign treasurer's name:
Affiant's campaign treasurer's name: Roderick Harvey *Affiant's campaign treasurer's address:
*Affiant's campaign treasurer's address: 3816 Hollywood Blvd Suite 203 Hollywood, FL 33021
3816 Hollywood Blvd Suite 203 Hollywood, FL 33021
Telephone numbers: (work) 954.966.4435
(home)
*[A Campaign Treasurer or Deputy Treasurer shall be a registered voter in the State of Florida.]
15. Affiant represents that, if elected, he/she shall serve in the elective office to which he/she seeks election.
16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot: Keon Hardemon
SIGNED THIS Zo DAY OF September , 2013 AFFIANT BEFORE ME, the undersigned authority, personally appeared who, after first being duly sworn, deposes and states that executed the foregoing to the best of knowledge and belief. TODD B. HANNON Notary Public - State of Florida My Comm. Expires Aug 22, 2014 Commission # EE 19523 Bonded Through National Notary Assn.

FORM 1	ST	ATEMI	ENT OF		2012
Please print or type your name, mailing address, agency name, and position belo	w: FINA	FINANCIAL INTERESTS		S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME - MIDDLE HALDEMON, KE	j				RE(3 SEP
MAILING ADDRESS :					CEIVED 20 PM
					MAN VEI
CITY:	7ID ·	COUNTY:	·DADE		RECEIVED 3 SEP 20 PM 31 00
NAME OF AGENCY: CITY OF MIAMI			-		×
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT:	ER			
You are not limited to the space on the lin	nes on this form. Attach a	additional sheets, if			
		IPLOYEE OR APP			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): DECEMBER 31, 20	R FINANCIAL INTERE ASE STATE BELOW	ESTS FOR THE I WHETHER THIS	The state of the s	WHETHEF E PRECEI	R BASED ON A CALENDAR DING TAX YEAR ENDING
MANNER OF CALCULATING REPO THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS (see instructions for further details). COMPARATIVE (P)	S THE OPTION OF U S, OR USING COMPA	SING REPORTINARATIVE THRES OU ARE USING:	HOLDS, WHICH ARE US	JALLY BA	OLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES THRESHOLDS
PART A PRIMARY SOURCES OF II (If you have nothing to re			reporting person - See instr	uctions]	
NAME OF SOURCE OF INCOME					
MIAMI-DADE PUBLIC	ADE PUBLIC DEFENDER 1320 NW 14THST ATTORNEY		TTORNEY		
PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re	and other sources of inc		es owned by the reporting pe	rson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR : OF BUSINESS' I		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA					
					and the sequents
PART C REAL PROPERTY [Land, (If you have nothing to re	,		- See instructions]	when	G INSTRUCTIONS for and where to file this
N/A				form of pa	are located at the bottom ge 2.
INSTRUCTIONS on who must file this form and how to fill i					

out begin on page 3.

TYPE OF INTANGIBLE	ì	BUSINESS ENTITY TO WHICH THE	DRODERTY DELATES
N/A		BOSINESS ENTITE TO WHICH THE	PROPERTY RELATES
PART E — LIABILITIES [Major debts - S (If you have nothing to repo	iee instructions] rt, you must write "none" or "n	/a")	
NAME OF CREDITOR		ADDRESS OF CREE	DITOR
GSMR	4 9	BARRELL COURT, CO	NCORD NH 03301
PART F — INTERESTS IN SPECIFIED BU	SINESSES [Ownership or position, you must write "none" or "n/a"	ons in certain types of businesses - See ins	structions]
(If you have nothing to report	you must write "none" or "n/a" BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
(If you have nothing to report	, you must write "none" or "n/a'	7)	BUSINESS ENTITY # 3
(If you have nothing to report	you must write "none" or "n/a" BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
(If you have nothing to report	you must write "none" or "n/a" BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3 OF NEA O
(If you have nothing to report NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	you must write "none" or "n/a" BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
(If you have nothing to report NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	you must write "none" or "n/a" BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3 OF TICE OF 20 OF TICE OF 20
(If you have nothing to report NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY	you must write "none" or "n/a" BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3 OFFICE OF THE CITY CO
(If you have nothing to report NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	, you must write "none" or "n/a' BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3 OF TICE OF THE CITY CLE OF THE CITY CLE
(If you have nothing to report NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	NOUGH FARE CONTINUE	BUSINESS ENTITY # 2 N/A D ON A SEPARATE SHEET, PLE	BUSINESS ENTITY # 3 OF TIGE OF THE CITY CLE EASE CHECK HERE
(If you have nothing to report NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	NOUGH FARE CONTINUE	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3 OF NEA SEP 20 PM 30 EASE CHECK HERE (required):

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

CANDIDATE OATH - CANDIDATE WITH NO PARTY AFFILIATION

RECEIVED
2013 SEP 20 PM 2: 52
OFFICE OF THE CHTY CLERK

OFFICE USE ONLY

		CANDIDATE 21, Florida Statutes)			
I, Keon Hardemon					
(PLEASE PRINT NAME AS YOU WISH IT I	O APPEAR ON THE BALL	OT * - NAME MAY NOT BE C	CHANGED AFTER THE END C	F QUALIFYING)	
am a candidate with no party affiliation	on for the office of	Commissioner		, 5 ,	
N/A , N/A	· I am a qualified of	ector of Miami-Dade	fice) Ə	(district #) County, Florida;	
(circuit #) (group or seat #)	, i am a quaimed ei	actor or		County, Florida,	
I am qualified under the Constitution and the Laws of Florida 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.					
X /×		into	%keonhardemon.c	om	
Signature of Candidate	Telephone	Number	Email Address		
	Miami	FL	1		
Address	City	State	7	Ip Code	
	Candidate's Florida Voter Registration Number (located on your voter information card): * Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons				
with disabilities (see instructions on					
K-EE-ON					
STATE OF FLORIDA COUNTY OF Miami, Dade Sworn to (or affirmed) and subscr	ibed before me thi	s/8 ^{† ^/} day of	eptember,	20 _ <i>13</i>	
Personally Known: or Produced Identification:		Signaturate	Monopublica	3	

LOYALTY OATH

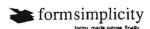
STATE OF FLORIDA) COUNTY OF MIAMI-DADE) CITY OF MIAMI) (Please Print)			OFFICE OF THE	RECE 2013 SEP 20
I, Keon		Hardemon	AC	CEIVE 20 PM
First Name	Middle Initial		Last Name	2: 5
a citizen of the State of Florida and of office do hereby solemnly swear or a and of the State of Florida.				idate for publi United State
0	ATH OF CANDID	ATE /)	
OFFICE OF	CITY OF MIAMI C	OMMISSIONI	ER	
Before me, an officer authorized to admi	nister oaths, perso	nally appeare	ed	
	Keon Hardemon			
(Please print	name as you wish it to a	appear on ballot)		
who being sworn, says, he/she is a car; that he/she is a qualified elector of Constitution, the Laws of Florida, and Ci to be elected; that he/she has taken the he/she has qualified for no other public or runs concurrent with that of the office he absence from any office from which he/s to Section 99.012, Florida Statutes. Notary Public State of Florida Dwight S Danie My Commission EE026185 Expires 11/26/2014	of the City of Miamity of Miamity of Miami Charte oath required by office in the State, she seeks; and the she is required to recommend.	ni, Florida; tha er to hold the ss. 876.05 — the term of w nat he/she ha	It he/she is qua office to which 876.10, Florida hich office or a s resigned or t	alified under the he/she desire a Statutes; that any part therecanny part ther
The Loyalty Oath and the above Oath of Candida	ate are sworn to		Ony Otato Zii	,oue
and subscribe before me this date	J	Public – State of	, 20 1 3.	Vh
Print, Type, or Stamp Commissioned Name of de				<i>/</i> !
Personally Known OR Produced Identification Ty			iver's L	her

Residential Lease for Apartment or Unit in Multi-Family Rental Housing (other than a Duplex) Including a Mobile Home, Condominium, or Cooperative



(FOR A TERM NOT TO EXCEED ONE YEAR)

(Not To Be Used I	For Commercial, Agricultural, o	r Other Residential Propert	ty)	
WARNING: IT IS VERY IMPORTANT TO REOBLIGATIONS.	AD ALL OF THE LEASE CAI	REFULLY, THE LEASE IN	MPOSES IMPO	RTANT LEGAL
AN ASTERISK (*) OR A BLANK SPACE (BY THE PARTIES.) INDICATES A PROVISI	ON WHERE A CHOICE OF	R A DECISION M	IUST BE MADE
NO CHANGES OR ADDITIONS TO THIS FOR	M MAY BE MADE UNLESS A	LAWYER IS CONSULTED	If all appending	
1. TERMS AND PARTIES. This is a lease ("the Lease") for a period o	f 12 months (the "Lease Ter	m"), beginning
9/1/2011	and ending	8/31/2012		.between
(month, day, year)		(month, day, year)	MI TOTAL SAME	,between
MKJ Realty	35 00 tool 70 ep	& Muome en Keon H	ardemon	
(name of owner of the property)	and	(name(s) of person(s) to w		is leased)
(name of owner of the property)	enam to our adjustme Leade F			is icasca _j
(In the Lease, the owner, whether one or more, called "Tenant.")	of the property is called "Land	lord." All persons to whom	the property is I	leased are
Landlord's E-mail Address:	mikemargulies@gmail.co	om		
Landlord's Telephone Number:	(305) 324-9595			
Tenant's E-mail Address:	keonhardemon@yahoo.c	D ADVANCE RENT I MO		VL SECTION?
Tenant's Telephone Number:	50 40 B	and the money in a me		
II. PROPERTY RENTED. Landlord lease	es to Tenant apartment or	unit no. <u>409</u>	in the building	
Lawfuld bosts our non-resource areas	(street address)		m crosp of	2013
invitation of the notion at	av Tenent, or cit		Miami	2
(name of apartment or co	ondominium)		(OID)	o man
Florida , together with the	following furniture and applian-	ces;	TYNEE C	20
(zip code)			AC AC	M
White Washer, Dryer, stainless steel Dishv		Stove-top, Microwave	35 7	2 =
protonal of endlor IIA mugh a intelline.		Allenni man.	PO N	ANT NO ALER
		(prnen)	0	
nd Blvd. Aventura, Irt. 33160	A FOO VARIANTS ISIN	THE THEORY EXPERIENCE (C)	52	Lease Paymen
[List all furniture and appliances. If none, write called "the Premises.")	"none."] (In the Lease, the pro	perty leased, including fur	niture and applia	ances, if any, is
III. COMMON AREAS. Landlord grants to Te the building and the development of which the I		the Lease Term, along wit		
IV. RENT PAYMENTS AND CHARGES. Te		series Well transmission of the series		each on
the 1st day of each (a "Rental Installment Period," as used in the Le	Month	[month, week]	if rent is paid w	eekly.)
Tenant shall pay with each rent payment all taxe date of the Lease is \$for each insta	s imposed on the rent by taxing illment. The amount of each ins adlord will notify Tenant if the ar ase by cash, valid check, or m	authorities. The amount of tallment of rent plus taxes (mount of the tax changes.	taxes payable o "the Lease Payn Tenant shall pay	on the beginning ment"), as of the the rent and all
RLAUCC-1 Rev. 4/10 ©2010 Approved for	() acknowledge receipt use under rule 10-2.1(a) of The			of 7 breaking_



Residential Lease for Apartment or Unit in Multi-Family Rental Housing (other than a Duplex) Including a Mobile Home, Condominium, or Cooperative

(FOR A TERM NOT TO EXCEED ONE YEAR)	
(Not To Be Used For Commercial, Agricultural, or Other Residential Property)	
WARNING: IT IS VERY IMPORTANT TO READ ALL OF THE LEASE CAREFULLY. THE LEASE IMPOSES IMPORTANT OBLIGATIONS.	LEGAL
AN ASTERISK (*) OR A BLANK SPACE () INDICATES A PROVISION WHERE A CHOICE OR A DECISION MUST BY THE PARTIES.	E MADE
NO CHANGES OR ADDITIONS TO THIS FORM MAY BE MADE UNLESS A LAWYER IS CONSULTED.	
1. TERMS AND PARTIES. This is a lease ("the Lease") for a period of 12 months (the "Lease Term"), b	eginning
9/1/2012 and ending 8/31/2013 between	veen
(month, day, year) (month, day, year)	
MKJ Realty and Keon Hardemon	
(name of owner of the property) (name(s) of person(s) to whom the property is lease	; d)
(In the Lease, the owner, whether one or more, of the property is called "Landlord." All persons to whom the property is leased called "Tenant.")	are
Landlord's E-mail Address: mikemargulies@gmail.com	
Landlord's Telephone Number: (305) 972-8962	
Tenant's E-mail Address: keonhardemon@yahoo.com	GRE IV
Tenant's Telephone Number:	H
II. PROPERTY RENTED. Landlord leases to Tenant apartment or unit no. 409 in the building local	cated at
	n as
(street address)	T
Midmin of the set and the set	0
(name of apartment or condominium) (city)	NoT Set
Florida, together with the following furniture and appliances:	
(zip code)	
White Washer, Dryer, stainless steel Dishwasher, Refrigerator, Oven, Stove-top, Microwave	
(payer) 6 HOT)	
POR COMB print and the Court And Cou	
[List all furniture and appliances. If none, write "none."] (In the Lease, the property leased, including furniture and appliances, called "the Premises.")	if any, is
III. COMMON AREAS. Landlord grants to Tenant permission to use, during the Lease Term, along with others, the common the building and the development of which the Premises are a part.	areas of
IV. RENT PAYMENTS AND CHARGES. Tenant shall pay rent for the Premises in installments of \$	each on
the 1stday of each [month, week]	
(a "Rental Installment Period," as used in the Lease, shall be a month if rent is paid monthly, and a week if rent is paid weekly.)	
Tenant shall pay with each rent payment all taxes imposed on the rent by taxing authorities. The amount of taxes payable on the bedate of the Lease is \$0 for each installment. The amount of each installment of rent plus taxes ("the Lease Payment"), date the Lease begins, is \$ Landlord will notify Tenant if the amount of the tax changes. Tenant shall pay the reother charges required to be paid under the Lease by cash, valid check, or money order. Landlord may appoint an agent to clease Payment and to perform Landlord's obligations.	as of the
Landlord () () and Tenant () () acknowledge receipt of a copy of this page which is Page 1 of 7 RLAUCC-1 Rev. 4/10 ©2010 Approved for use under rule 10-2.1(a) of The Rules Regulating the Florida Bar	





RECEIVED 2013 SEP 20 PM 2: 52

OFFICE OF THE CITY CLERK

RECEIVED 2013 SEP 20 PM 2: 52 OFFICE OF THE CITY CLERK CITY OF MIAMI.FL

Keep your registration current; update your signature every 4 years.

Mantenga su inscripción al día; actualice su firma cada 4 años.

Kenbe enskripsyon w ajou; mete siyati w ajou chak 4 an.

Desprenda por aqui

Please MIAMIDADE check all information for accuracy. Keon Hardemon Detach here **Bring photo identification** when voting. Sírvase verificar la corrección de todos los datos.

Tanpri Tanpri verifye ke tout en-

fòmasyon

yo kòrèk.

Datach here

Detache la a

Voter Information Card Miami-Dade County, FL

Tarjeta de información del elector Condado de Miami-Dade, FL

Kat Enfòmasyon Votè Konte Miami-Dade, Fl

> ISSUED EMITIDA ENPRIME

08/28/13 Registration No. Núm, de inscripción Nim. Enskripsyon

Para votar, presente una identificación con fotografía. Tranpri pote yon pyès idantifikasyon ki gen foto w sou li lè w'ap vin vote.

105185779

Voting Location | Ubicación de la votación | Lokal Biwo Vòt Comstock Elementary School 2420 NW 18 Ave

Precinct No. Núm. del recinto Nim. Biwo Vòt

Date of Birth Fecha de Nacimiento Dat Nesans

Registration Date Fecha de inscripción Dat Enskripsyon

530

10/20/1983

1/12/2004

Party Affiliation | Afiliación partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

Penelope Townsley Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below. Ud. puede votar por los representantes de los distritos enumerados abajo. W elijib pou w vote pou reprezantan ki nan distri ki ekri anba la yo.

Congress Congreso Kongrè 24

State Senate Senado Estatal Sena Eta a

39

State House Cámara Estatal Lachanm Eta a

County Commission Comisión del Condado Komisyon Konte

School Board **Junta Escolar** Asanble Edikasyon

109 **Community Council**

Consejo Comunitario Konsèy Kominotè N/A

Municipal | Municipal | Minisipalite

MIAMI DIST 5

KEON HARDEMON CAMPAIGN ACCOUNT

1152

9/20/13 63-27/631 FL

PAY TO THE CITY OF MIAM!

\$ 682.00

SIX HUNDRED EIGHT TWO

DOLLARS 1 Security

Bank of America

ACH R/T 063100277

FOR QUALIFYING FEE

"OO1152" CO63100277C

X-1/-

City of Miami OFFICIAL RECEIPT

No. 118351

\$ 1082 Sales Taxs Six Andred 9	Total \$ 682 Date: 9 20 20 3
Received from:	ydinn
Address: 1350 NW 8	M Ct. Apt 401
For: Qualiking	Reference No: Club 1152
This Receipt not VALID unless dated,	By: Dunie
filled in and signed by authorized em- ployee of department or division des-	Department:
ignated hereon and until the City has collected the proceeds of any checks tendered as payment herein.	Division: Electronic

SOI3 SED SO PH S: 52 NECEUTE CITY CLERK SOI3 SEP SO PH S: 52

C FN/TM 402 Rev. 03/03

Distribution: White - Customer; Canary - Finance; Pink - Issuing Department