

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

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

10-31-14 40

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying  
officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy  Depository  Office  Party

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

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

4. Telephone  5. E-mail address  
KEONHARDEMON@GMAIL

6. Office sought (include district, circuit, group number)  
MIAMI CITY COMMISSION/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  
 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  
DAVIE MADISON

11. Mailing Address  
7688 NW 5TH ST APT. 1-J

12. Telephone  
( 954 ) 860-4058

13. City  
PLANTATION

14. County  
BROWARD

15. State  
FL

16. Zip Code  
33324

17. E-mail address  
DAVIE MADISON@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 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  
8/27/2015

26. Signature of Candidate

X

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

I, \_\_\_\_\_, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

8/27/15

X

Date

Signature of Campaign Treasurer or Deputy Treasurer

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

10-31 PM 4:39

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy  Depository  Office  Party

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

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

4. Telephone  
[REDACTED]

5. E-mail address  
KEONHARDEMON@GMAIL

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

MIAMI CITY COMMISSION/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

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**

KEON HARDEMON

**11. Mailing Address**  
[REDACTED]

**12. Telephone**  
[REDACTED]

**13. City**  
MIAMI

**14. County**  
MIAMI-DADE

**15. State**  
FL

**16. Zip Code**  
[REDACTED]

**17. E-mail address**  
KEONHARDEMON@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 Code**  
33137

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**25. Date**

8/27/2015

**26. Signature of Candidate**

X

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

KEON HARDEMON

I, \_\_\_\_\_, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

8/27/15

X

Date

Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

106.023.116:40

I, KEON HARDEMOM

candidate for the office of MIAMI CITY COMMISSIONER;  
DISTRICT FIVE

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

Signature of Candidate

8/31/15

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).