STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type)



NOV 0 8 2010

CITY OF NORTH MIAMI
CITY CLERKS OFFICE
3:05 pm

x Minasley Kings Laurent

candidate for the office of City Clerk;

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

Florida Statutes.

X Minasley and Movember 4, 2010

Signature of Candidate

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).

STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE TYPE)



NOV 0 8 2010

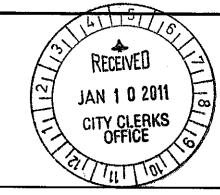
CITY OF NORTH MIAMI CITY CLERKS OFFICE

CHECK APPROPRIATE BOX:			(@ 3:05 pm	
Original Appointment		Deputy Trea	surer	Reappointment of Treasurer	
Name of Candidate		1 0		post office box or street, city, state, zip code))
Kingsley Kings Lausent		85	O NW	133mL st	1
Filingsley kings cousent		Mic	mi, FL	33168	
Telephone (optional) 2. Party (Partisa	n candidate	s only)	3. Office	ce (add district, circuit, group number)	
()					_
I have appointed the following person to act as	my 🗾	Campaign T	easurer	Deputy Treasurer	
4. Name of Treasurer or Deputy Treasurer					
King Sley King 5 5. Mailing Address (If post office box or drawer	Law	ent		6. Telephone	
		address)		(305) 502-0269	ı
7. City 8. County	70()~	9. St	ate	10. Zip Code	\neg
Miami Miam	i- Dade	0	FL	33168	
I have designated the following named bank a		Primary De	ository	Secondary Depository	
11. Name of Bank		12. 8	treet Addres	38	
Bank Atlantic			12653	te 16. Zip Code	
13. City 14. Cou	ınty		15. Stat	te 16. Zip Code	
11. Name of Bank Bank Atlantic 13. City 14. Cou Miami 17. Signature of Candidate	<u> mi - D</u>	ade_	F	00/41	
				Date	
A Binaster		auser		NOV 8, 2010	
Campaign [*]	Γreasure	r's Accep	ance of	Appointment	1
1. Kingsley King	is Lai	vent-		, do hereby accept the appointmen	nt as
			ŧ		
Campaign Treasurer Deputy T	reasurer	for the campa	gn of	Kingsley Kings Lawent	'
who is seeking nomination or election as a		·		candidate to the office	of
16.11 113 201 01	_1.		(Party)		
North Miami City Cles	**			·	
•				FOREGOING CAMPAIGN TREASURER'S IS STATED ARE TRUE.	
		· all	, _1		
NOV 8, 2010		X Z	35/4	rusert	

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)



	(A) [11] [10]	OFFICE USE ONLY
Kingsley Lawer	North Miami	City Class
Name		Sought
820 NW 1330d St	Miami	FL 33168
Address	City	State Zip Code
Candidate Committee of Continuous Existence	Electioneering Con	nmunication Organization
Political Committee Party Executive Committee		
Check box if address has changed since last report.	Check here if PC, of and will no longer to	CCE, or ECO has DISBANDED file reports.
TYPE OF REPORT (Ch	eck Appropriate Box)	
QUARTERLY REPORTS PRIMARY ELECTION	GENERAL ELECTION	
☐ January ☐ 32nd day prior	☐ 46th day prior	
☐ April ☐ 18th day prior	32nd day prior	-
☐ July ☐ 4th day prior	☐ 18th day prior	☐ TERMINATION REPORT
October	4th day prior	SPECIAL ELECTION
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN	ACCOUNT FOR THE REPO	RTING PERIOD OF
$1 + \frac{11/8}{200}$ THROL	JGH <u>12/31/2010</u>	·
X Bingsty Awent	Jan 10	,2011
Signature		Date
Political Committees Chairman, Campaign Treas	F.S.) es 106.29(2), F.S.) ccount (no funds expended or re	5.07(5), F.S.) Communication Organizations ceived) the filing of the
is being filed.	and a manage of the processor	- reporting date tractio toport

	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Kingsley Lawer + 25/3/11	OFFICE USE ONLY					
Name (2) 820 NW 133rd FF RECEIVED Address (number and street) APR 1 1 2011 Miami, FL, 33/6851 CITY CLERKS						
City, State, Zip Code CHECK IF ADDRESS HAS CHANGED Check appropriate box(es): Candidate (office sought): Political Committee Check IF PC HAS DISBANDED Check IF CE HAS DISBANDED Check IF CCE HAS DISBANDED Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED						
(5) REPORT I	DENTIFIERS					
Cover Period: From O / O / 1 To	<u> </u>					
Original Amendment Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$ <u>87</u> 0	Monetary Expenditures \$ 366					
Loans \$	Transfers to Office Account \$					
Total Monetary \$ \$ 870	Total Monetary \$ 3 65					
T. T	(8) Other Distributions					
(9) TOTAL Monetary Contributions To Date \$870	(10) TOTAL Monetary Expenditures To Date \$					
(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. I certify that I have examined this report and it is true, correct, and complete.						
(Type name) King Sley Laurent (Type						
Signature Signature	Signature Signature					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Kingsley Law	Pent		(2) I.D. Number		
(3) Cover Period	0/10/11	throu	gh <u>04</u> /	0111	(4) Page		of [
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
01,07,11	Laurent, Kingsley						\$ 200
1	820 NW 133125t Miami, FL, 33/68	1	Medical	Cas			9200
01, 10,11	Lausent, Kingsley	<u></u>	Medical				
0(/ 10 ///	820 NW 1330LSt						\$200
\mathcal{A}	Miami, FL 33/68	ļ 	Medical	Ca5			
03/31/11	Lawert, Kingsley						
	820 NW 133RLSt						\$470
3	Miami, FL 33/68		Medical	Cas			
1 1					2 1137/2		
				N.	RECEIVED	55	
/				1 1	APR 1 1 2011 CHY CLERKS OFFICE	[6]	
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u> </u>	nasley Lawent) EXPENDIT 2) I.D. Number		
(3) Cover Perio	d <u>0 10 1 through 04 </u>	0/11/10	1) Page	of _	1
(5) Date (6) Sequence Number	(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)	(11)
a) /10/11	Seraphim Chris Design and Illustration 1910 NWW 1954h St. Mismith 300	Flyers	Map		\$275
01/18/11	Face Book Advertising	Ads	Map		\$20
01/24/11	Fase Book Advertising	Ads			\$30
01/31/11	Face-Book Advertising	Ads	Man		\$10
4 02/61/11	Face Book Advertising	Ads	Man		\$30
5	RELEVED	6	MaN		
/ /	APR 1 2011 APR 1 2011 OFFICE OFFICE				
_ / _/					

FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURE,	TE DIVISION OF ELECTIONS S REPORT SUMMARY					
(1) King Sley Lawert Name (2) 820 NW 13300 5+ APR 2 2 2011 APR 2 2 2011 OFFICE Miami, FL 33168						
City, State, Zip Code CHECK IF ADDRESS HAS CHANGED Check appropriate box(es): Candidate (office sought): Political Committee CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED Party Executive Committee Electioneering Communication CHECK IF NO OTHER ELECTIONEERING						
	COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT I Cover Period: From 04 / 02 / 2011 To Original Amendment Special Election	04 / 16 / 2011 Report Type					
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 246					
Loans \$	Transfers to Office Account \$					
Total Monetary \$	Total Monetary \$ 246					
	(8) Other Distributions \$					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$216					
(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. I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true correct, and complete. I certify that I have examined this report and it is true correct, and complete. I certify that I have examined this report and it is true correct, and complete. I certify that I have examined this report and it is true correct, and complete. I certify that I have examined this report and it is true correct, and complete. I certify that I have examined this report and it is true correct, and complete. I certify that I have examined this report and it is true correct, and complete. I certify that I have examined this report and it is true correct, and complete.						
Signature Signature	X Kingsley Jawent Signature					

CAMPAIGN TREASURER'S REPORT ITEMIZE	ED EXPENDITURES
(1) Name Kilasley Laurent	(2) I.D. Number
(3) Cover Period <u>04 / 02 / //</u> through <u>04 / /5 / //</u>	(4) Page of

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
04/06/11	Facebook Advertising	Ads	Man		\$30
6					
04//3/11	City of North Miami 776 NE 125th St P.O. Box 619085	Filing Fee	Mon		\$180
7	Morth Miami, FL 33261				
04/13/11	State of Florida	Election Trust	Man		\$36
8		Fund			
//		3112111	W.		
		RECEIVE			
		APR 22 CITY CLE	2011		
//		161 16			
//					
					<u> </u>
//					

1	R OF REPORT on 106.07(7), F.S.)	31 141		
ì		(3)	\	
(P	LEASE TYPE)	RECEIVED .	0	
		MAY OF 2011		
		CITY CLERING	7	
		OL. OFFICE	7	OFFICE USE O
		OIT IS		
Kingsley	Kings Laurent	City Cle	erk	
-3/	Name	/ c	ffice Sought	
820 NW 1	33rd 5t	Miami	<i>F</i> Z_	33/68
	Address	City	State	Zip Code
Candidate	Committee of Continu Existence	ous Electioneerin	g Communication Org	ganization
Political Committe	Party Executive Com	mittee		
Check box if addre	ess has changed since last report.		if PC, CCE, or ECO ha	as DISBANDE
			onger file reports.	
*1		Г (Check Appropriate Bo		
QUARTERLY REPO	RTS PRIMARY ELECTION	GENERAL ELECTIO	<u>N</u>	
☐ January	☐ 32nd day prior	☐ 46th day prior		
☐ April	☐ 18th day prior	☐ 32nd day prior		
☐ July	4th day prior	☐ 18th day prior	TERMINA	TION REPORT
☐ October		4th day prior	☐ SPECIAL I	ELECTION
NOTIFICATI	ON OF NO ACTIVITY IN CAMP	AIGN ACCOUNT FOR THE	REPORTING PERIO	OD OF
1	11121.	HROUGH 5/5//	/	
x g/			5/6/11	
- AI/KOIS	Signature		<u> </u>	
SIGNATURES REQUIRE	Candidates	gn Treasurer-or Deputy Treasure	er (s. 106.07(5), F.S.)	
	Chairman, Campaig Committees of Con Treasurer (s. 106.0 Party Executive Con	n Treasurer or Deputy Treasure tinuous Existence and Election 4(4)(c), F.S.)	r (s. 106.07(5), F.S.) neering Communicat	ion Organizati
In any reporting peri required report is wa is being filed.	od when there has been no activity ived. However, the filing officer mu	in the account (no funds expend	ed or received) the filir escribed reporting date	ng of the e that no report