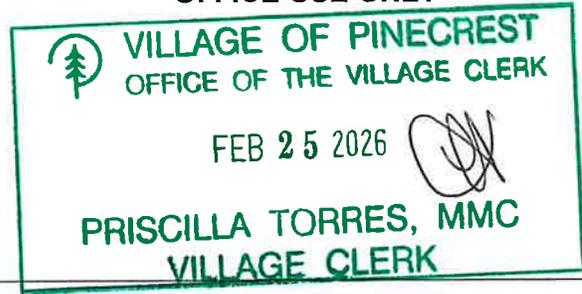


**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, Ken Fairman,

candidate for the office of Village of Pinecrest Council Seat 4 (At-Large);

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Signature of Candidate

02/25/2026

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).

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

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

(PLEASE PRINT OR TYPE)

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



VILLAGE OF PINECREST  
OFFICE OF THE VILLAGE CLERK

FEB 25 2026

PRISCILLA TORRES, MMC

VILLAGE CLERK 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):  
(Please Print or Type Name)

Kenneth James Fairman

**3. Address** (include PO Box or Street, City, State, Zip Code):

10901 SW 60th Avenue  
Pinecrest, FL 33156

**4. Telephone:**

(786 ) 457-2980

**5. Candidate's Voter Registration #:**

109491771

(not required for qualifying purposes)

**6. Email Address:**

ken@floridapave.com

**7. Office Sought** (include district, circuit, group, or seat #):

Village of Pinecrest Council Seat 4 (At-Large)

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.     No Party Affiliation Candidate.     \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**     Campaign Treasurer     Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Kimberly Fairman

**12. Telephone:**

( 786 ) 972-8841

**13. Email Address:**

kim@floridapave.com

**14. Mailing Address:**

10901 SW 60th Avenue

**15. City:**

Pinecrest

**16. State:**

FL

**17. Zip Code:**

33156

**18. I have designated the following bank as my** (check appropriate box):     Primary Depository     Secondary Depository

**19. Name of Bank:**

TD Bank

**20. Address:**

6601 South Dixie Highway

**21. City:**

Miami

**22. County:**

Miami-Dade

**23. State:**

FL

**24. Zip Code:**

33156

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date:** 02/25/2026

**26. Signature of Candidate:**

X

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

I, Kimberly Fairman do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 02/25/2026

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X