

RECEIVED

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

OFFICE USE ONLY
2006 JUL 18 PM 1:45
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: SOLOMON C. STINSON
1. Address (include post office box or street, city, state, zip code): 6900 N.W. 5th Ave., Miami, FL 33150

Telephone (optional): 305-751-3611
2. Party (Partisan candidates only):
3. Office (add district, circuit or group number): School Board of Miami-Dade Co., District 2

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Darryl K. Sharpton

5. Mailing Address (If post office box or drawer add street address): 1 S.E. 3rd Avenue, 21st Floor
6. Telephone: 305-374-1574

7. City: Miami 8. County: Miami-Dade 9. State: FL 10. Zip Code: 33131

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: Regions Bank
12. Street Address: 6013 N.W. 7th Avenue

13. City: Miami 14. County: Miami-Dade 15. State: FL 16. Zip Code: 33127

17. Signature of Candidate: *[Signature]* Date: 7/17/06

Campaign Treasurer's Acceptance of Appointment

I, Darryl K. Sharpton, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Solomon C. Stinson

who is seeking nomination or election as a candidate to the office of
(Party)

School Board of Miami-Dade County, District 2 As a duly registered voter in Miami-Dade

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

Date: 7/17/06 Signature of Campaign Treasurer or Deputy Treasurer: *[Signature]*

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

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Solomon C. Stinson 1. Address (include post office box or street, city, state, zip code): 6900 N.W. 5 AVE. Miami, Fla 33150

Telephone (optional): (305) 7513611 2. Party (Partisan candidates only): _____ 3. Office (add district, circuit or group number): District - 2 School Board of Miami Dade Co

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer: Solomon C. Stinson

5. Mailing Address (If post office box or drawer add street address): 6900 N.W. 5th AVE Miami, Fla 33150 6. Telephone: 305 7513611

7. City: Miami 8. County: Miami Dade 9. State: Fla. 10. Zip Code: 33150

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: Regions Bank 12. Street Address: 6013 N.W. 7th AVE.

13. City: Miami 14. County: Miami Dade 15. State: Fla. 16. Zip Code: 33127

17. Signature of Candidate: *Solomon C. Stinson* Date: 7/7/06

Campaign Treasurer's Acceptance of Appointment

I, Solomon C. Stinson, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Solomon C. Stinson

who is seeking nomination or election as a _____ candidate to the office of _____
(Party)

School Board D-2 As a duly registered voter in Miami Dade

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

7/7/06
Date

Solomon C. Stinson
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

RECEIVED
OFFICE USE ONLY

2006 MAY 15 PM 12:00

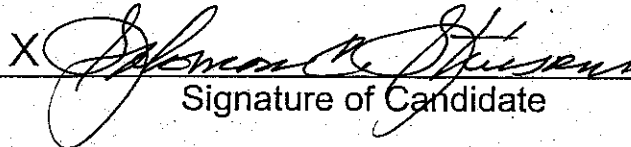
MIAMI-DADE
ELECTIONS

I, Solomon C. "Sol" Stinson ,

candidate for the office of School Board of Miami-Dade County, District 2 ;

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

Florida Statutes.

X 
Signature of Candidate

5/15/06
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).

RECEIVED



Miami-Dade Supervisor of Elections
2700 NW 87th Avenue
Doral, FL 33172

2006 JUL 18 PM 1:45

Phone: (305) 499-8400

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

RECEIPT

Candidate:

 Solomon C. Stinson
First Name Middle Name Last Name

Office: School Board District 2

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County School Board**

Received by: Solomon C. Stinson
Candidate Signature

Date: 7/7/06

RECEIVED

LOYALTY OATH
CANDIDATES WITH NO PARTY AFFILIATION
(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY
2006 JUL 18 PM 1:46

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

STATE OF FLORIDA

Miami-Dade

COUNTY

(PLEASE PRINT)

| | | | |
|----|------------|---------------------|-----------|
| I, | Solomon | C. | Stinson |
| | First Name | Middle Name/Initial | Last Name |

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Solomon C. "Sol" Stinson
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

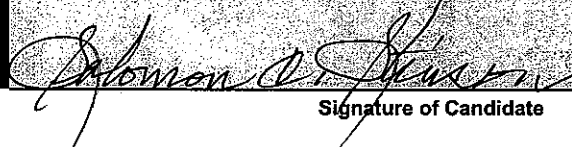
am a candidate for the office of School Board - District 2, _____, _____,

_____ . I am a qualified elector of _____
(office) (district) (circuit)
Miami-Dade County, Florida. I am qualified
(group)

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.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE

SIGN HERE

X 
Signature of Candidate

6900 N.W. 5th Avenue

305-751-3611

Mailing Address

Day Phone

Fax Number

Miami

FL

33150

City

State

Zip Code

Date Signed

7/17/06

