

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

(PLEASE TYPE)

**RECEIVED**  
**OFFICE USE ONLY**  
2006 JUL 17 PM 5:20  
MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

**CHECK APPROPRIATE BOX:**

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: Shannon Noble      1. Address (include post office box or street, city, state, zip code):  
1175 NE 112th St  
Mia, FL 33161

Telephone (optional): (305) 891-1427      2. Party (Partisan candidates only): \_\_\_\_\_      3. Office (add district, circuit, group number): Community Council 7 Subarea 71(a)

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

4. Name of Treasurer or Deputy Treasurer:  
Shannon K Noble

5. Mailing Address (If post office box or drawer add street address): 1175 NE 112th St      6. Telephone: 305 891-1427

7. City: Miami      8. County: Miami-Dade      9. State: FL      10. Zip Code: 33161

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

11. Name of Bank: Washington Mutual      12. Street Address: 9640 NE 2nd Ave

13. City: Miami Shores      14. County: Miami-Dade      15. State: FL      16. Zip Code: 33138

17. Signature of Candidate: [Signature]      Date: 7-17-06

**Campaign Treasurer's Acceptance of Appointment**

I, Shannon K Noble, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of Shannon Noble

who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of \_\_\_\_\_

(Party) Community Council 7 Subarea 71(a) 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.**

7-17-06      [Signature]  
Date      Signature of Campaign Treasurer or Deputy Treasurer

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ELECTIONS DEPARTMENT

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, Shannon Noble,  
candidate for the office of Community Council 7, Subarea 7(a);  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X   
Signature of Candidate

7-17-06  
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).



Miami-Dade Supervisor of Elections  
2700 NW 87<sup>th</sup> Avenue  
Miami, FL 33172

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(305) 499-8400 2006 JUL 17 PM 5:14

MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

**RECEIPT**


**Candidate:**

<u>Shannon</u>	<u></u>	<u>Noble</u>
First Name	Middle Name	Last Name

Office: Community Council Area 7 / Subarea # 71(a)

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County Community Council**

Received by:   
Candidate Signature

Date: 7-16-06



**Campaign Treasurer's Report  
Filing Requirement  
Electronic Filing Statement  
For Miami-Dade County Candidates**

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, Shannon Noble, candidate for the office of Community Council 7, Subarea 7(a), have received, read, and understand the Miami-Dade County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County Commission, and Community Council candidates.

In order to comply with the requirement I declare that I understand that Campaign Treasurer Reports be filed on diskettes or CD-ROMS simultaneously with and in addition to the original signed report, I further declare that:

- I will purchase the necessary software.
- I will use the software provided by the Supervisor of Elections.

  
\_\_\_\_\_  
Signature of Candidate

7-17-06  
\_\_\_\_\_  
Date

305 891-1427  
\_\_\_\_\_  
Day time Phone #

ShnNob8@aol.com  
\_\_\_\_\_  
E-mail address

# MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

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MIAMI-DADE COUNTY  
2006 JUL 17 PM 5:15  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

(PLEASE PRINT)

I,

Shannon

K

Noble

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,

Shannon Noble

(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

Miami-Dade Community Council Area # 7 Subarea # 71(a)

(office)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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.

## CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Unincorporated Miami-Dade County, and that I have been a resident elector of the subarea for which I am qualifying for three (3) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the subarea for the prescribed period:

- driver's license       property tax receipt       homestead exemption receipt  
 utility bill       lease agreement

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

Signature of Candidate

1175 NE 112th St, Mia FL 33161

Current Address of Legal Residence

(305) 891-1427 ( )

Day Phone

Fax Number

(305) 607-4470

Other Phone Number

ShnNob8@aol.com

Email Address

Miami

City

FL

State

33161

Zip Code

Date Signed

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 17 day of July, 2006 by

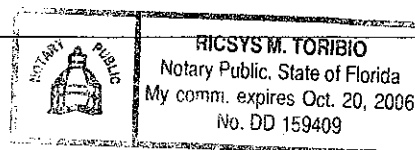
Ricsys M Toribio

Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me

Identification provided





**OFFICIAL RECEIPT**  
 MIAMI-DADE COUNTY-FLORIDA

No. 5331755

RECEIVED FROM Shannon Noble

DATE 7, 17, 06  
 MONTH DAY YEAR

ADDRESS 1175 NE 112th St.  
 STREET ADDRESS

CASH \$                     

Miami CITY FL STATE 33161 ZIP

CHECKS \$ 100.00

AMOUNT OF: One hundred DOLLARS, AND 00 CENTS

TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Comm. Council - 7/71A

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT  
 DEPT.: Elections BY: Nora U. Sauter

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

