

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 20 PM 2:41

MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

DARRYL F. REAVES

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

477 N.E. 68 ST
MIAMI FL 33138

Telephone (optional)

()

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)

SCHOOL BOARD DISTRICT 2

I have appointed the following person to act as my

Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

DARRYL REAVES

5. Mailing Address (If post office box or drawer add street address)

477 N.E. 68 ST

6. Telephone

305 300 2065

7. City

MIAMI

8. County

DADE

9. State

FLORIDA

10. Zip Code

33138

I have designated the following named bank as my

Primary Depository Secondary Depository

11. Name of Bank

BANK OF AMERICA

12. Street Address

2700 NW 54 ST

13. City

MIAM

14. County

DADE

15. State

FLORIDA

16. Zip Code

33142

17. Signature of Candidate



Date

7/20/06

Campaign Treasurer's Acceptance of Appointment

I, DARRYL REAVES, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of DARRYL REAVES

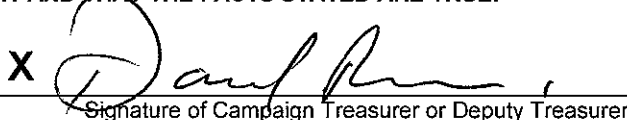
who is seeking nomination or election as a N/A candidate to the office of
(Party)

SCHOOL BOARD DIST 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.

7/20/06
Date


Signature of Campaign Treasurer or Deputy Treasurer

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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY
MIAMI-DADE
ELECTIONS

I, DARRYL FRANKLIN REAVES,

candidate for the office of SCHOOL BOARD DIST. 2;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.


Signature of Candidate

7/20/06
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 87th Avenue
 Doral, FL 33172 Phone: (305) 499-8400

RECEIPT


Candidate:

DARRYL FRANKLIN REAVES
 First Name Middle Name Last Name

Office: School Board District TWO

This is to acknowledge my receipt of the following documents:

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

Received by: 
 Candidate Signature

Date: 7/20/06

RECEIVED
 2006 JUL 21 AM 11:05
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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

OFFICE USE ONLY

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<u>DARRYL</u> First Name	<u>FRANKLIN</u> Middle Name/Initial	<u>REAVES</u> Last Name
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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)

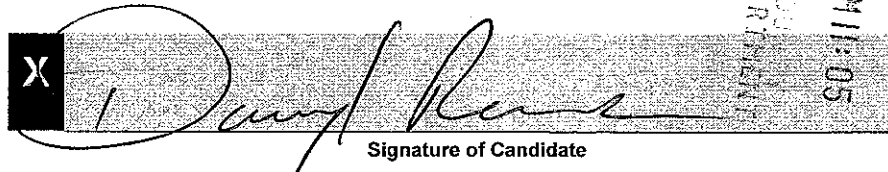
I, DARRYL FRANKLIN REAVES
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of SCHOOL BOARD, 2, _____,
(office) (district) (circuit)
_____ . I am a qualified elector of 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


Signature of Candidate

477 N.E. 68 ST 305 300 2065
Mailing Address Day Phone Fax Number

MIAMI FLA 33138 7/20/06
City State Zip Code Date Signed

RECEIVED
2006 JUL 21 AM 11:05
ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331777

RECEIVED FROM Darryl Leaves
 ADDRESS 477 NE 68 St.
Miami CITY FL STATE 33138 ZIP

DATE 7, 21, 06
 MONTH DAY YEAR
 CASH \$
 CHECKS \$ 1,467.76
 TOTAL \$ 1,467.76

AMOUNT OF: One thousand four hundred sixty seven DOLLARS, AND 76 CENTS

FOR PAYMENT OF: Qualifying fee - School Board #2

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Nora P. Suter

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

