

RECEIVED

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

OFFICE USE ONLY
2007 OCT 22 AM 11:46

MIAMI DADE
ELECTIONS

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate
ERTHABOR IGHOJARO

1. Address (include post office box or street, city, state, zip code)
**P.O. BOX 540711
OPA-LOCKA, FL 33054**

Telephone (optional)
(805) 450-5316

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)
SCHOOL BOARD, DISTRICT 1

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

4. Name of Treasurer or Deputy Treasurer
THELMA CALLOWAY

5. Mailing Address (If post office box or drawer add street address)
5328 N.W. 188 ST

6. Telephone
305-625-6388

7. City
Miami

8. County
Dade

9. State
FL

10. Zip Code
33055

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

11. Name of Bank
WAEHRIA BANK

12. Street Address
18601 NW 27 AVENUE

13. City
MIAMI GARDENS

14. County
DADE

15. State
FL

16. Zip Code
33056

17. Signature of Candidate


Date
10/22/07

Campaign Treasurer's Acceptance of Appointment

I, **Thelma Calloway**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **ERTHABOR IGHOJARO**

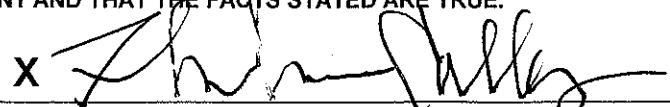
who is seeking nomination or election as a _____ candidate to the office of _____

SCHOOL BOARD, DISTRICT 1 (Party) As a duly registered voter in **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.

10/22/07
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

_____, COUNTY

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2008 JUN 16 PM 2:45
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, <u>ERHABOR</u>		<u>IQHODARO</u>
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, ERHABOR IQHODARO

(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of MIAMI DADE COUNTY SCHOOL BOARD, 1 (office) (district) (group)

My legal residence is 17220 NW 20 AVE, MIAMI GARDENS, DADE County, Florida. I am qualified 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.

X  (305) 343-5006 esighodaro@Comcast.net

Signature of Candidate	Daytime Telephone Number	Email Address
<u>17220 NW 20 AVE., MIAMI GARDENS, FLORIDA</u>	<u>33056</u>	<u>33056</u>
Address	City	State ZIP Code

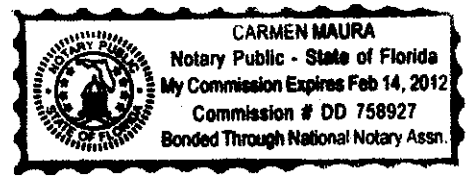
Sworn to (or affirmed) and subscribed before me this 10 day of JUNE, 2008.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced:
DRIVERS LICENSE

Carmen Maura
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

MIAMI DADE
ELECTIONS

OFFICE USE ONLY

I, ERHABOR IGHOVARO

candidate for the office of SCHOOL BOARD, DISTRICT 1

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

Florida Statutes.

X



Signature of Candidate

10/22/07

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
 Miami, FL 33172 (305) 499-8400

RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK

Candidate:

Dr. ENRIQUE I. SIGUODARO

First Name

Middle Name

Last Name

Office: MIAMI-DADE COUNTY School Board

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 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

This is to acknowledge my receipt of the following documents:

The Election Laws of the State of Florida as of September 2007

- Hard Copy**
- Downloaded from Internet**

2008 Miami-Dade County Qualifying Handbook

- Hard Copy**
- Downloaded form Internet**

Received by: Dr. Enrique I. Sigudaro
 Candidate Signature

Date: 6/16/08

Phone No.: 305-343-5006 **Fax No.:** _____

E-mail address: rsiguodaro@comcast.net