

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

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED
2008 JUN -6 PM 6:31
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate Shawn Beightol	1. Address (include post office box or street, city, state, zip code) 7910 West Drive, North Bay Village, FL 33141
--	--

Telephone (optional) (305) 801-8717	2. Party (Partisan candidates only) NA	3. Office (add district, circuit, group number) School Board, District 3
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Ira J Paul

5. Mailing Address (If post office box or drawer add street address) 18495 NW 78th Ave	6. Telephone 305 558-8949
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7. City Hialeah	8. County Miami-Dade	9. State FL	10. Zip Code 33015
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Washington Mutual	12. Street Address 1025 71st St
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13. City Miami Beach	14. County Miami-Dade	15. State FL	16. Zip Code 33141
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17. Signature of Candidate X 	Date 06/06/08
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Campaign Treasurer's Acceptance of Appointment

I, Ira J. Paul, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Shawn Beightol

who is seeking nomination or election as a (NA) candidate to the office of
(Party)
School Board, District 3

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.

06/06/08
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

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Telephone (optional) (305) 801-8717	2. Party (Partisan candidates only) NA	3. Office (add district, circuit, group number) School Board, District 3
--	--	--

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

4. Name of Treasurer or Deputy Treasurer
Shawn Beightol

5. Mailing Address (If post office box or drawer add street address) 1860 Venice Park Dr #129	6. Telephone 305 801-8717
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7. City North Miami	8. County Miami-Dade	9. State FL	10. Zip Code 33181
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Washington Mutual	12. Street Address 1025 71st St
--	---

13. City Miami Beach	14. County Miami-Dade	15. State FL	16. Zip Code 33141
--------------------------------	---------------------------------	------------------------	------------------------------

17. Signature of Candidate X 	Date 06/06/08
--	-------------------------

Campaign Treasurer's Acceptance of Appointment

I, Shawn Beightol, do hereby accept the appointment as
(Please Print or Type)

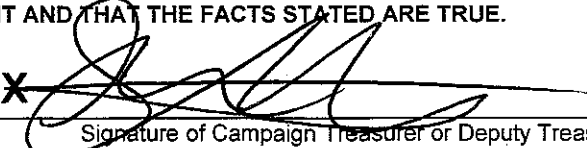
Campaign Treasurer Deputy Treasurer for the campaign of Shawn Beightol

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

School Board, District 3

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.

06/06/08
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please Type)

OFFICE USE ONLY

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

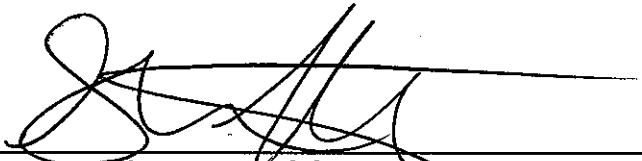
2008 JUN -6 PM 6:31

RECEIVED

I, Shawn Beightol,
candidate for the office of School Board, District 3;

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

X


Signature of Candidate

06/06/08
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:

Shawn Edward Beights
First Name Middle Name Last Name

Office: School Board District 3

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
2008 JUN - 6 PM 6: 30
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Received by: [Signature]
Candidate Signature

Date: 06/06/08

Phone No.: 305 801-8717 **Fax No.:** _____

E-mail address: Beights@yahoo.com

**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

Miami-Dade COUNTY

OFFICE USE ONLY

RECEIVED
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

2008 JUN -6 PM 6: 31

I, <u>Shawn</u>	<u>Edward</u>	<u>Beightol</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, Shawn Beightol
(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 School Board , 3 , _____
(office) (district) (group)

My legal residence is Miami-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 [Signature] (305) 801-8717 Beightol@yahoo.com
Signature of Candidate Daytime Telephone Number Email Address

7910 West Dr North Bay Village FL 33141
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 6th day of June, 2008.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced:
FL DRIVERS Lic.

[Signature]
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Maria Cristina Acosta
Commission #DD730644
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO., INC.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5872151

RECEIVED FROM Shawn Beightol

DATE 6, 20, 08
MONTH DAY YEAR

ADDRESS 7910 W. Dr.
N. Bay Village STREET ADDRESS
CITY STATE ZIP

CASH \$ _____
CHECKS \$ 1,635.48
TOTAL \$ 1,635.48

AMOUNT OF One thousand six hundred and thirty five DOLLARS AND 48 CENTS

FOR PAYMENT OF: Qualifying Fee-School Board #3

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

DEPT.: Electrons BY: Nena A. Saita

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

