

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

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2010 FEB 19 PM 2:53

MIAMI DADE  
ELECTIONS

1. CHECK APPROPRIATE BOX:

Original Appointment Change in:  Treasurer/Deputy  Depository  Office  Party

2. Name of Candidate (in this order: First, Middle, Last)

Darryl Franklin Remes

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

555 NE 34 Street #302  
MIAMI, FL 33137

4. Telephone (optional)

(305) 300-2065

5. E-mail address (optional)

6. Office sought (include district, circuit, group number)

MIAMI-DADE School Board District 2

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In  No Party Affiliation  \_\_\_\_\_ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

W. B. Koon, CPA

11. Mailing Address (If post office box or drawer, also include street address)

540 NW 165 Street Road

12. Telephone

(305) 948-6201

13. City 14. County 15. State 16. Zip Code 17. E-mail address (optional)

Miami

Dade

Florida

33169

18. I have designated the following bank as my  Primary Depository  Secondary Depository

19. Name of Bank

Wachovia

20. Street Address

800 North Miami Beach Blvd

21. City 22. County 23. State 24. Zip Code

North Miami Beach

Dade

Florida

33162

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

2/19/10

26. Signature of Candidate

X Darryl Remes

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, W. B. Koon, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

2/19/10

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE PRINT OR TYPE)

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2010 FEB 26 PM 2:27

MIAMI DADE  
ELECTIONS

**1. CHECK APPROPRIATE BOX:**

Original Appointment. Change in:  Treasurer/Deputy  Depository  Office  Party

**2. Name of Candidate** (in this order: First, Middle, Last)

**Darryl Franklin Reaves**

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

555 NE 34 Street #302  
Miami, FL 33137

**4. Telephone** (optional)

(305) 300-2065

**5. E-mail address** (optional)

**6. Office sought** (include district, circuit, group number)

Miami-Dade County School Board, District 2

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In  No Party Affiliation  \_\_\_\_\_ Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

Joseph S. Nichols

**11. Mailing Address** (If post office box or drawer, also include street address)

540 NW 165 Street Road #205

**12. Telephone**

(305) 945-0082

**13. City**

Miami

**14. County**

Dade

**15. State**

FL

**16. Zip Code**

33169

**17. E-mail address** (optional)

**18. I have designated the following bank as my**  Primary Depository  Secondary Depository

**19. Name of Bank**

WACHOVIA

**20. Street Address**

**21. City**

NORTH MIAMI BEACH

**22. County**

MIAMI DADE

**23. State**

FLORIDA

**24. Zip Code**

33162

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

2/25/10

**26. Signature of Candidate**

*Darryl Reaves*

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Joseph S. Nichols, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

02-25-10

Date

*Joseph S. Nichols*

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

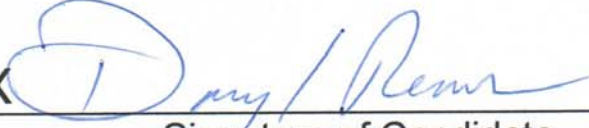
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MIAMI DADE  
ELECTIONS

I, DARRYL FRANKLIN REAVES,  
candidate for the office of MIAMI-DADE SCHOOL BOARD Dist 2

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

X   
Signature of Candidate

2/19/10  
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).

**Receipt of Handbook and the  
Election Laws of the State of Florida**



**Candidate/Chairperson:**

DARRYL

First Name

FRANKLIN

Middle Name

REAVES

Last Name

MIAMI DADE SCHOOL BOARD Dist. 2 Two

Office Sought / Organization

**This is to acknowledge my receipt of the following documents:**

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Received by:**

Darryl Reaves

Candidate/Chairperson Signature

**Date:**

2/19/10

**Phone No.:**

305 300 2065

**Fax No.:**

\_\_\_\_\_

**E-mail address:**

darrylreaves@live.com

MIAMI-DADE  
ELECTIONS

2010 FEB 19 PM 2:53

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Campaign Treasurer's Report  
Electronic Filing Requirements  
for Miami-Dade County



- Candidate (office sought): DARRYL FRANKLIN REAVES
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

I, DARRYL FRANKLIN REAVES  
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

Daryl Reaves 2/19/10  
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305 300 2065

Email Address: darylreaves@live.com

*This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.*

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MIAMI-DADE  
ELECTIONS



Elections  
2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-VOTE F 305-499-8547  
TTY: 305-499-8480

miamidade.gov

## CERTIFICATION

### Batches 1 & 2

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Lester Sola, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **1,410** signatures submitted by **Darryl Reaves** for the office of **School Board-District 2** matched the signatures on the voter files.

WITNESS MY HAND  
AND OFFICIAL SEAL,  
AT MIAMI, MIAMI-DADE  
COUNTY, FLORIDA,  
ON THIS 17<sup>th</sup> DAY OF  
MAY, 2010

  
\_\_\_\_\_  
Lester Sola  
Supervisor of Elections  
Miami-Dade Elections Department

*Trinity, Excellence Every Day*

**LOYALTY OATH**

(Sections 876.05-876.10, Florida Statutes)

**NON-PARTISAN OFFICE**

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

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10 JUN 14 PM 2:43

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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

a citizen of the State of Florida and of the United States of America, and being [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.

**Important:** If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

**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 non-partisan office of MIAMI-DADE SCHOOL BOARD, 2  
(office) (district)

MIAMI-DADE County, Florida;  
(circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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 Darryl Reaves ( ) 305 300 2065  
 Signature of Candidate Telephone Number Email Address

555 N.E. 34<sup>th</sup> St. MIAMI FL 33137  
 Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 14<sup>th</sup> day of June, 2010.

Personally Known: \_\_\_\_\_ or

Produced Identification:

Type of Identification Produced:

Zeida Reyes  
 Signature of Notary Public - State of Florida  
 Print, Type, or Stamp Commissioned Name of Notary Public

