

RECEIVED

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

OFFICE USE ONLY
2006 JUL 13 PM 12:28

MIAMI-DADE
ELECTIONS

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

JULIO R. CACERES

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

10220 SW 19 ST.
MIAMI, FL 33165

Telephone (optional)

(305) 218-6316

2. Party (Partisan candidates only)

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

DIST. #10, SEAT #105

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

4. Name of Treasurer or Deputy Treasurer

SUSAN M. CACERES

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

10220 SW 19 ST.

6. Telephone

(305) 297-7652

7. City

MIAMI

8. County

MIAMI-DADE

9. State

FLORIDA

10. Zip Code

33165

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

11. Name of Bank

WASHINGTON MUTUAL

12. Street Address

150 SE 2ND AVE

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33131

17. Signature of Candidate

X *Julio R. Caceres*

Date

7/13/06

Campaign Treasurer's Acceptance of Appointment

I, SUSAN M. CACERES, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of JULIO R. CACERES

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

COMMUNITY COUNCIL MEMBER 10/105 As a duly registered voter in MIAMI-DADE COUNTY

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.

5/26/06
Date

X *S.M. Caceres*
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 TYPE)

OFFICE USE ONLY

2006 JUL 14 PM 3:06

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate JULIO R. CACERES	1. Address (include post office box or street, city, state, zip code) 10220 SW 19 ST. MIAMI, FL 33165
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Telephone (optional) (305) 218-6316	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) COMMUNITY COUNCIL 10, SEAT 105
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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
JULIO R. CACERES

5. Mailing Address (If post office box or drawer add street address) 10220 SW 19 ST.	6. Telephone 305 218-6316
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7. City MIAMI	8. County MIAMI-DADE	9. State FL	10. Zip Code 33165
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank WASHINGTON MUTUAL BANK	12. Street Address 8700 SW CORAL WAY		
13. City MIAMI	14. County MIAMI-DADE	15. State FL	16. Zip Code 33165

17. Signature of Candidate Date
X *[Signature]* **7/13/06**

Campaign Treasurer's Acceptance of Appointment

I, **JULIO R. CACERES**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **JULIO CACERES**

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

COMMUNITY COUNCIL 10 SEAT 105 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.**

7/13/06
Date

X *[Signature]*
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

2006 JUL 13 PM 12: 28

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY
MIAMI-DADE
ELECTIONS

I, JULIO R. CACERES
AREA 10 SUB-AREA
candidate for the office of COMMUNITY COUNCIL MEMBER SEAT 105 ;

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

X Julio R Caceres
Signature of Candidate

7/13/06
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
 Miami, FL 33172 (305) 499-8400

RECEIPT

Candidate:

 JULIO R. CACERES
 First Name Middle Name Last Name

Office: Community Council Area 10 / Subarea # 105

This is to acknowledge my receipt of the following documents:

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

Received by: Julio R. Caceres
 Candidate Signature

Date: 7/13/06

RECEIVED
 2006 JUL 13 PM 1:11
 MIAMI-DADE
 ELECTIONS



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

I, JULIO R. CACERES, candidate for the office of COMMUNITY COUNCIL 10 AREA 105, 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.

Julio R. Caceres
Signature of Candidate

7/13/06

Date

(305) 218-6316

Day time Phone #

julioaceres@bellsouth.net

E-mail address

MIAMI-DADE
ELECTIONS

2006 JUL 13 PM 1:11

RECEIVED

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

RECEIVED
MIAMI-DADE COUNTY

2006 JUL 14 PM 3:06

(PLEASE PRINT)

I,

JULIO	R.	CACERES
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,

JULIO R. CACERES

(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 # 10 Subarea # 10S
(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

Julio R. Caceres
Signature of Candidate

10220 SW 19 ST.

(305) 218-6316 ()

Current Address of Legal Residence

Day Phone

Fax Number

(305) 221-2425

juliocaceres@bellsouth.net

Other Phone Number

Email Address

MIAMI

FL

33165

7/13/06

City

State

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 13 day of JULY, 2006 by JULIO CACERES

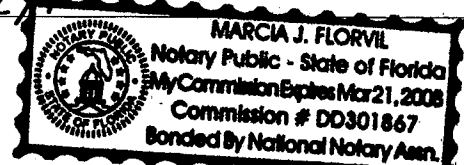
Marcia J. Florvil
Signature of Notary Public - State of Florida

MARCIA J. FLORVIL
Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me

Identification provided

C262-420-68-294-0





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331870

RECEIVED FROM Julio R. Caceres

DATE 7, 14, 06
MONTH DAY YEAR

ADDRESS 10220 SW 19 St.
Miami STREET ADDRESS FL 33165

CASH \$ _____
CHECKS \$ 100.00

AMOUNT OF: One hundred CENTS DOLLARS, AND 00 CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Community Council #10/105

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: Elections BY: Mera A. Butler

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CAMPAIGN ACCOUNT FOR MR JULIO CACERES
COMMUNITY COUNCIL 10, SEAT 105
10220 SW 19 ST.
MIAMI, FL 33165

69-8413/2870 97

7/14/06

PAID TO THE BOARD OF COUNTY COMMISSIONERS \$100.00
ONE HUNDRED DOLLARS 00/100

Washington Mutual
COMMUNITY COUNCIL 10
MEMO SUB AREA 105

700 220799902 0097

Julio R. Caceres