

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

RECEIVED

10 JUN 14 AM 11:00

FRANK LINDS COUNTY
 ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

JULIO CACERES

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

10220 SW 19 ST.
 MIAMI, FL 33165

4. Telephone (optional)

(305) 218-6316

5. E-mail address (optional)

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

DIST. 10 COMMUNITY COUNCIL
 SEAT 105

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

JULIO CACERES

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

10220 SW 19 ST.

12. Telephone

(305) 218-6316

13. City

MIAMI

14. County

MIAMI
 DADE

15. State

FL

16. Zip Code

33165

17. E-mail address (optional)

18. I have designated the following bank as my

Primary Depository

Secondary Depository

19. Name of Bank

CHASE

20. Street Address

8700 SW 24 ST MIAMI
 FL 33165

21. City

MIAMI

22. County

MIAMI - DADE

23. State

FL

24. Zip Code

33165

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

6/14/10

26. Signature of Candidate

X Julio R Caceres

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

I, JULIO CACERES, do hereby accept the appointment
 (Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

6/14/10
 Date

X Julio R Caceres
 Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

10 JUN 14 AM 11:00

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, JULIO CACERES,

candidate for the office of COMMUNITY COUNCIL 10, SEAT 105

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

Florida Statutes.

X Julio R. Caceres
Signature of Candidate

6/14/10
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:

JULIO

CALERES

First Name

Middle Name

Last Name

COMMUNITY COUNCIL 10, BEAT 105

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:

Julio R Caleres

Candidate/Chairperson Signature

Date:

6/14/10

Phone No.:

305 218-6316

Fax No.:

E-mail address:

juliocae@baptisthealth.net

RECEIVED
 10 JUN 14 AM 11:01
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

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: **Community Council Member Area** 10 **Subarea** 105

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

- I have been a Miami-Dade County resident elector for at least three years prior to qualifying.
- I have been a resident elector of the Council Area 10 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 105 for at least three (3) months prior to qualifying.

I am submitting a copy of the following as proof of my residency in the district 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.

X	<i>Julio R. Caceres</i>	305 218-6316	julio@baptisthealth.net
	Signature of Candidate	Daytime Telephone Number	Email Address
	10220 SW 19 ST. MIAMI FL		33165
	Address	City	State Zip Code

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 14th day of June, 2010 by Julio Caceres

Personally Known: _____ or
Produced Identification:

Type of Identification Produced:

Guida Reyes

Signature of Notary Public - State of Florida
Print, Type of Signature Public Seal of Notary Public

My Commission Expires Feb 3, 2012
Commission # DD 791388
Bonded Through National Notary Assn.

