

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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

Jolien Mane Caraballo

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

2392 SE Stonecrop St.
Port St. Lucie, FL 34984

4. Telephone

(772) 618-5437

5. E-mail address

jpcaraballo@aol.com

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

Port St. Lucie City Council
District 4

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

Daniel J. Kurek

11. Mailing Address

2138 SE Herrow Ave

12. Telephone

(772) 342-4230

13. City

Port St. Lucie

14. County

St. Lucie

15. State

FL

16. Zip Code

34952

17. E-mail address

kurekta@att.net

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

19. Name of Bank

SeaCoast National Bank

20. Address

1790 SW Gatlin Blvd

21. City

Port St. Lucie

22. County

St. Lucie

23. State

Florida

24. Zip Code

34953

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

1/25/16

26. Signature of Candidate

Jolien Caraballo

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

I, Daniel J. Kurek, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

1/25/16
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

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1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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

Jolien Marie Caraballo

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

2392 SE Stonecrop St.
Port St. Lucie, FL 34984

4. Telephone

(772) 618-5437

5. E-mail address

jbcaraballo@aol.com

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

Port Saint Lucie City Council
District 4

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

Jolien Caraballo

11. Mailing Address

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12. Telephone

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25. Date

1/25/16

26. Signature of Candidate

X Jolien Caraballo

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

I, Jolien Caraballo, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/25/16
Date

X Jolien Caraballo
Signature of Campaign Treasurer or Deputy Treasurer