

**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.**

SUPERVISOR
OF ELECTIONS

2020 OCT -2 AM 8:48

ST JOHNS COUNTY
VICKY 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)

Julio Caballero

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

72 Perdido St.
St Johns, FL 32259

4. Telephone

(401) 641-0761

5. E-mail address

jcab89@gmail.com

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

Rivers Edge CDD Seat 5

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

Sheila Caballero

11. Mailing Address

72 Perdido St

12. Telephone

(904) 710-6799

13. City

St Johns

14. County

St Johns

15. State

FL

16. Zip Code

32259

17. E-mail address

flowerme25@yahoo.com

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

19. Name of Bank

Vystar Credit Union

20. Address

101 Bartram Oaks Walk

21. City

Fruit Cove

22. County

St Johns

23. State

FL

24. Zip Code

32259

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

10/02/2020

26. Signature of Candidate

X 

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

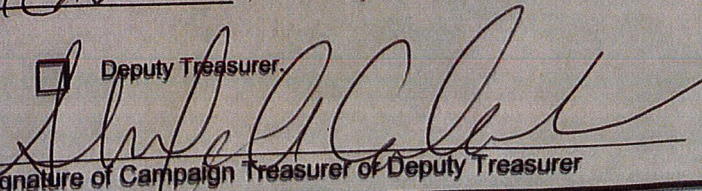
I, Sheila A Caballero, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer

10/2/2020
Date

X


Signature of Campaign Treasurer or Deputy Treasurer

Rule 15-2.0001, F.A.C.