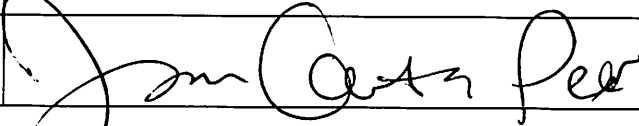


03/30/2014

## LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

<b>Candidate Name</b>	Jessica Carter Peer		
<b>Residence Address</b>	10056 Pacific Pines Ave		
<b>City and Zip Code</b>	Fort Myers 33966		
<b>Mailing Address</b>	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
<b>Telephone Number(s)</b>	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	352-598-0921		
<b>Email Address</b>	healthypeers@gmail.com		
<b>Office Sought</b>	Lee Memorial Health		
<b>Area, District, Group or Seat #</b>	District 5		
<p>➤ Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below.</p> <p>➤ A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below.</p>			
➤ <b>Political Party For Office Sought</b>	Non Partisan		
<b>Date Of Birth or Voter Registration ID #</b>	05/19/87		
<b>Date</b>	02/26/2016		
<b>Candidate Signature</b>			

All candidate-qualifying documents and campaign finance reports will be posted at the Lee County Supervisor of Elections website [www.leeelections.com](http://www.leeelections.com) or use the following link: [http://www.precinctfind.com/cand\\_lee2.htm](http://www.precinctfind.com/cand_lee2.htm). Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. Do not hesitate to contact this office at (239) LEE-VOTE (239-533-8683) for more information about becoming a candidate for public office.

OFFICE USE ONLY

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)


(Please print or type)

I, Jessica Carter Peer ,

candidate for the office of Lee Memorial Health District 5 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

 \_\_\_\_\_  
Signature of Candidate

02/26/2016 \_\_\_\_\_  
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).

# LEE COUNTY—FLORIDA AFFIDAVIT OF INTENT SPECIAL DISTRICT CANDIDATE

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

State of Florida  
County of Lee

I, Jessica Carter Peer, am a candidate for the independent special  
(print name)

district office of:

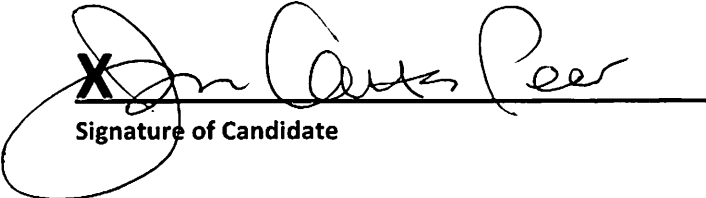
Lee Memorial Health District 5

(include district name AND .district, seat, area or group #)

in the November 8, 2016 General Election. I declare that my only campaign expense, from personal funds, shall be the \$25 candidate-qualifying fee OR the signature verification fee for candidates who qualify by the candidate-petition method by submitting the valid signatures of 25 registered voters residing within the District boundaries.

Provided that this is my only campaign expense, I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07. I understand that I am prohibited from expending, collecting, soliciting, or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any additional campaign expense, I understand that prior to doing so, I am required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports, as required by Florida Statute §106.07, with the Lee County Supervisor of Elections.

  
Signature of Candidate

02/26/2016

Date

s. 106.021(1)(a) FS "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository." History 2007 HB537, FS 99.061, FS 106.021 Revised-10/21/16 (Lee County Special District Forms)

### 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)  
Jessica Carter Peer

3. Address (include post office box or street, city, state, zip code)  
10056 Pacific Pines Ave  
Fort Myers, FL 33966

4. Telephone  
(352 ) 598-0921

5. E-mail address  
healthypeers@gmail.com

6. Office sought (include district, circuit, group number)  
Lee Memorial Health    District 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  
Jessica Carter Peer

11. Mailing Address  
10056 Pacific Pines Ave

12. Telephone  
( 352 ) 598-0921

13. City  
Fort Myers

14. County  
Lee

15. State  
FL

16. Zip Code  
33966

17. E-mail address  
healthypeers@gmail.com

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

19. Name of Bank  
Regions Bank

20. Address  
8655 College Pky

21. City  
Fort Myers

22. County  
Lee

23. State  
FL

24. Zip Code  
33919

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.

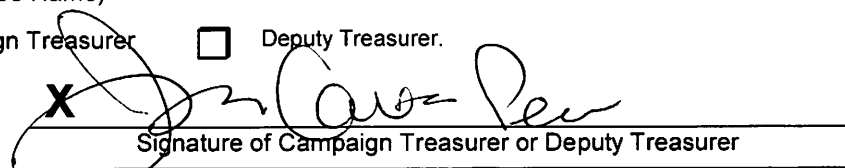
25. Date  
02/26/2016

26. Signature of Candidate  
 

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, Jessica Carter Peer, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

02/26/2016  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer