




# LEE COUNTY ELECTIONS

\*20MAY13PM1211 SOE Lee Co FL

## CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

Candidate Name	Jessica Carter Peer	
Residence Address	4403 Watercolor Way	
City and Zip Code	Fort Myers, FL 33906	
Mailing Address	<input checked="" type="checkbox"/> Check if same as above. <input type="checkbox"/> Check if different from residence.	
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR <input type="checkbox"/> Alternate (list below)
	(352) 598-0921	
Campaign Email Address	Jessica4leehealth@gmail.com	
Campaign Website	www.Jessica4LeeHealth.com	
Office Sought	Lee Memorial Health System Board of Directors	
Area, District, Group or Seat #	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>		
→ Political Party for Office Sought	Non - Partisan	
Incumbent	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Birth or Voter Registration ID #	05 / 19 / 1987	
Candidate Signature & Date	 5/13/2020	

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website [www.lee.vote](http://www.lee.vote) or visit the following link: <http://www.lee.vote/campaigns/candidate-packets/> and <http://www.lee.vote/campaigns/candidate-finance-reports/>. 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.

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# 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)    3. Address (include post office box or street, city, state, zip code)  
Jessica Carter Peer    4403 Watercolor Way  
Fort Myers, FL 33906

4. Telephone    5. E-mail address  
352 1598 0921    jessica4leehealth@gmail.com

6. Office sought (include district, circuit, group number)    7. If a candidate for a nonpartisan office, check if applicable:  
Lee Memorial Health System, District 5 Board of Directors     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    12. Telephone  
4403 Watercolor Way    352 1598 0921

13. City    14. County    15. State    16. Zip Code    17. E-mail address  
Fort Myers    Lee    FL    33906    jessica4leehealth@gmail.com

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

19. Name of Bank    20. Address  
Regions    15051 St. Amant Trail

21. City    22. County    23. State    24. Zip Code  
Fort Myers    Lee    FL    33908

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    26. Signature of Candidate  
5/13/2020    X Jessica Carter Peer

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.  
5/13/2020    X Jessica Carter Peer  
Date    Signature of Campaign Treasurer or Deputy Treasurer

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 System Directors  
Board of District 5  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Jessica Carter Peer  
Signature of Candidate

5/13/2020  
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).