

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 filing officer before
opening the campaign account.

RECEIVED

2024 MAY 29 PM 12:43

MANATEE COUNTY
SUPERVISOR OF ELECTIONS

I do not intend
to collect or
spend any money
Steve H Peters

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):
(Please Print or Type Name)

STEVEN H PETERS

3. Address (include PO Box or Street, City, State, Zip Code):

6946 BRIER CREEK CT.
LAKEWOOD RANCH, FL 34202

4. Telephone:

(941) 907 3880

5. Candidate's Voter Registration #:

105511274
(not required for qualifying purposes)

6. Email Address:

shpeter6@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

LAKEWOOD RANCH CDD 5 SEAT 2

8. If a candidate for a nonpartisan office, check the box
if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ _____ Party candidate.

10. I have appointed the following person to act as my: ☐ Campaign Treasurer ☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

12. Telephone:

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13. Email Address:

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

18. I have designated the following bank as my (check appropriate box): ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank:

20. Address:

21. City:

22. County:

23. State:

24. Zip Code:

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE
CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

MAY 29, 2024

26. Signature of Candidate:

X Steve H Peters

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

I, _____ do hereby accept the appointment designated above as:
(Please Print or Type Name)

☐ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

29. Signature of Campaign Treasurer or Deputy Treasurer

X