

**STATE OF FLORIDA
 APPOINTMENT OF CAMPAIGN TREASURER
 AND DESIGNATION OF CAMPAIGN
 DEPOSITORY FOR CANDIDATES**
 (Section 106.021(1), F.S.)
 (PLEASE PRINT OR TYPE)

OFFICE USE ONLY

RECEIVED

2010 MAR -8 PM 12:11

STATE OF FLORIDA
 ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Maria M. Peiro

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

601 NW 25 Court
 Miami, FL 33125

4. Telephone (optional)

(786) 715-7524

5. E-mail address (optional)

maripero@dol.com

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

School Board District 6

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

Stephanie Hernandez

11. Mailing Address (If post office box or drawer, also include street address)

2484 SW 24 Terr

12. Telephone

(786) 362-3907

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33205

17. E-mail address (optional)

uniwaterfall@hotmail.com

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

19. Name of Bank

Chase

20. Street Address

2750 SW 22 Street

21. City

Miami

22. County

Dade

23. State

FL

24. Zip Code

33145

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

03/07/10

26. Signature of Candidate

X *Maria Peiro*

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

I, Stephanie Hernandez, do hereby accept the appointment
 (Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

03/07/10
 Date

X

[Signature]
 Signature of Campaign Treasurer or Deputy Treasurer

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FLORIDA STATE BOARD OF
ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Maria M. Peiro

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

601 NW 25th Court
Miami, FL 33125

4. Telephone (optional)

(786) 715-7524

5. E-mail address (optional)

mdripero@aol.com

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

School Board District 6

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

Maria M. Peiro

11. Mailing Address (If post office box or drawer, also include street address)

601 NW 25 Court

12. Telephone

(786) 715-7524

13. City

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14. County

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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

03/08/10

26. Signature of Candidate

X *Maria Peiro*

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

I, Maria M. Peiro, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

03/08/10

Date

X *Maria Peiro*

Signature of Campaign Treasurer or Deputy Treasurer

**Receipt of Handbook and the
Election Laws of the State of Florida**



Candidate/Chairperson:

Maria	M.	Peiro
First Name	Middle Name	Last Name

School Board District 6

Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida	2009	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook	3/2/10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by: _____

Mari Peiro

Candidate/Chairperson Signature

Date: 03/08/10

Phone No.: 786-715-7524

Fax No.: _____

E-mail address: maripero@aol.com

RECEIVED
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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

**Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County**



- Candidate (office sought): School Board District 6
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, Maria M. Peiro
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

Signature of Candidate or Chairperson

03-08-10

Date

Day Time Telephone No: 786-715-7524

Email Address: maripero@aol.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.