

**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

Miami

14. County

Dade

15. State

FL

16. Zip Code

33125

17. E-mail address (optional)

maripero@aol.com

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2750 SW 22 street

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Miami

22. County

Dade

23. State

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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

03/08/10

26. Signature of Candidate

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

Maria Peiro

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

2010 MAR -8 PM 12:11

FLORIDA STATE BOARD OF
ELECTIONS DEPARTMENT

I, Maria M. Peiro ,

candidate for the office of School Board District 6 ;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

 Maria Peiro
Signature of Candidate

 03-08-10
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).

**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
 2010 MAR -8 PM 12:11
 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.

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF Miami-Dade

OFFICE USE ONLY

RECEIVED

10 JUN 16 PM 4:33

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, <u>Maria</u>	<u>M.</u>	<u>Peiro</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Dr. Maria Peiro
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the non-partisan office of Miami Dade School Board, 6
(office) (district)

 ; I am a qualified elector of Miami-Dade County, Florida;
(circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X Maria Peiro (786) 715-7524 maripero@aol.com
Signature of Candidate Telephone Number Email Address

601 NW 25 Court, Miami, FL 33125
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 16 day of July, 2009

Personally Known: or

Produced Identification:

Type of Identification Produced:

P600-553-71971-0

[Signature]
Signature of Notary Public – State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Victor Manuel Alonso, Jr.
Commission # DD568189
Expires: JUNE 27, 2010
BONDED THRU ATLANTIC BONDING CO., INC.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6478869

RECEIVED FROM Maria M. Peiro

DATE 6 / 16 / 10
MONTH DAY YEAR

ADDRESS 601 NW 25th Ct
STREET ADDRESS

CASH \$

MIAMI CITY FL STATE 33125 ZIP

CHECKS \$ 1,520.00

AMOUNT OF: One Thousand Five Hundred Twenty DOLLARS, AND 00 CENTS TOTAL \$ 1,520.00

FOR PAYMENT OF: Qualifying Fee - School Board District 6

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

BY: [Signature]

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CAMPAIGN ACCOUNT OF DR. MARIA M. PEIRO
601 NW 25TH CT
MIAMI, FL 33125-4449

63-841341723
2670

1009

June 16, 2010
Date

Pay to the order of Board of County Commissioners \$ 1,520.00
one thousand, five hundred twenty - 00/100 dollars

CHASE
JPMorgan Chase Bank, N.A.
Miami, Florida 33165
www.Chase.com

for Qualification fee - SB District 6 [Signature]

⑆ 267084131⑆ 854410594⑆ 1009