## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

2022 MAY 20 PM3:32

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.									OFFIC	E USE	ONLY	
1. CHECK APPROPRIATE Initial Filing of Form	•	<b>S)</b> : -filing to Change	: 🔀 T	reasur	er/De	eputy [	] Deposit	ory 🔲	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip							
Peter George Peters					code) 121 Eufaula Street							
4. Telephone	5. E-mail address				Gulf Breeze, FL 32561							
(850 ) 932-9042	ppeters											
Office sought (include district, circuit, group number)     Santa Rosa School Board, 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 AffiliationParty candidate.												
9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer												
Peter George Peters												
11. Mailing Address								12. Tele	phone			
121 Eufaula Street		(850) 932-9042										
13. City	-				1 ' 1							
Gulf Breeze Santa Rosa FL					32561 ppeters009@gmail.com							
18. I have designated the following bank as my Primary Depository Secondary Depository												
19. Name of Bank 20. Addres												
SRC Federal Credit Union					PO Box 841							
21. City		22. County				23. State			24. Zip C	ode		
Milton		Santa Rosa				FL			32570			
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						
5/20/22					x 6 6 6							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
1, Peter Peters							, do he	reby accep	ot the appo	intmen	t	
(Please Print or Type Name)												
designated above as: X Campaign Treasurer Deputy Treasurer.												
5/20/22 X 0-19 3-19												
/ Date				Signature of Campaign Treasurer or Deputy Treasurer								