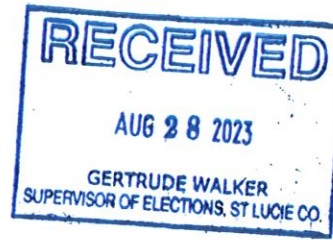


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(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)**

Nate Spera

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

2096 SE Hanford Road  
Port St. Lucie, FL 34952

**4. Telephone**

(772) 408-2901

**5. E-mail address**

speran@msn.com

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

District 4 St. Lucie County School Board

**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**

Karen Spera

**11. Mailing Address**

2096 SE Hanford Road

**12. Telephone**

(772) 216-6410

**13. City**

Port St. Lucie

**14. County**

St. Lucie

**15. State**

FL

**16. Zip Code**

34952

**17. E-mail address**

kspera@msn.com

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

**19. Name of Bank**

Seacoast Bank

**20. Address**

9698 S. US Highway 1

**21. City**

Port St. Lucie

**22. County**

St. Lucie

**23. State**

FL

**24. Zip Code**

34952

**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**

8-28-2023

**26. Signature of Candidate**

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

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

designated above as:  Campaign Treasurer.     Deputy Treasurer.

08-28-23

Date

Signature of Campaign Treasurer or Deputy Treasurer