

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS  
6495 CAROLINE ST., STE. F  
MILTON, FL 32570-4592

2013 NOV 8 PM 3 53

**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)

Scott Thomas Peden

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

3156 Pins Lane  
Gulf Breeze, FL 32563

**4. Telephone**

(850 ) 934-0701

**5. E-mail address**

scottpeden@mediacombb.ne

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

Santa Rosa County 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 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**

Renee Peden

**11. Mailing Address**

3156 Pins Lane

**12. Telephone**

( 850 ) 934-0701

**13. City**

Gulf Breeze

**14. County**

Santa Rosa

**15. State**

FL

**16. Zip Code**

32563

**17. E-mail address**

reneepeden@mediacombb.net

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

**19. Name of Bank**

Santa Rosa County Federal Credit Union

**20. Address**

4934 Gulf Breeze Parkway

**21. City**

Gulf Breeze

**22. County**

Santa Rosa

**23. State**

FL

**24. Zip Code**

32563

**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**

November 8, 2013

**26. Signature of Candidate**



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

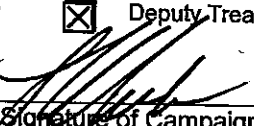
I, Renee Peden, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

November 8, 2013

Date

**X**

  
Signature of Campaign Treasurer or Deputy Treasurer

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

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

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Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

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

Scott Thomas Peden

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

3156 Pins Lane  
Gulf Breeze, FL 32563

**4. Telephone**

(850 ) 934-0701

**5. E-mail address**

scottpeden@mediacombb.net

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

Santa Rosa County 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 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**

Pia Rachels

**11. Mailing Address**

1571 Nantahala Beach Road

**12. Telephone**

( 850 ) 677-9604

**13. City**

Gulf Breeze

**14. County**

Santa Rosa

**15. State**

FL

**16. Zip Code**

32563

**17. E-mail address**

piarachels@mediacombb.net

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

**19. Name of Bank**

Santa Rosa County Federal Credit Union

**20. Address**

4934 Gulf Breeze Parkway

**21. City**

Gulf Breeze

**22. County**

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**25. Date**

November 8, 2013

**26. Signature of Candidate**

*[Handwritten Signature]*

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

I, Pia Rachels, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

November 8, 2013

Date

*[Handwritten Signature]*

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)  
(Please print or type)

SUPERVISOR OF ELECTIONS  
6495 CAROLINE ST., STE. F  
MILTON, FL 32570-4592

**OFFICE USE ONLY**

2013 NOV 8 PM 3 53

I, Scott Peden,

candidate for the office of Santa Rosa County School Board District 5;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X   
Signature of Candidate

11/08/2013  
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).