

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 filing 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):  
(Please Print or Type Name)

Sara L Perez

3. Address (include PO Box or Street, City, State, Zip Code):

949 East Main Street apt #4  
Pahokee, FL 33476

4. Telephone:

(561) 261-6565

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

saraperez18@yahoo.com

7. Office Sought (include district, circuit, group, or seat #):

Commissioner Group #2

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☒ No Party Affiliation Candidate. ☐ \_\_\_\_\_ Party candidate.

I have appointed the following person to act as my:

☒ Campaign Treasurer

☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Sara L Perez

12. Telephone:

(561) 261-6565

13. Email Address:

saraperez18@yahoo.com

14. Mailing Address:

691 East Main Street

15. City:

Pahokee

16. State:

FL

17. Zip Code:

33476

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

First Bank

20. Address:

325 So. Main Street

21. City:

Belle Glade

22. County:

Palm Beach

23. State:

FL

24. Zip Code:

33430

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

11/22/2023

26. Signature of Candidate:

X Sara Perez

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

I, Sara L Perez do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

11/22/2023

29. Signature of Campaign Treasurer or Deputy Treasurer

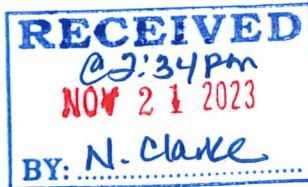
X Sara Perez



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2. Name of Candidate (in this order: First, Middle, Last):  
(Please Print or Type Name)

Sara L. Perez

3. Address (include PO Box or Street, City, State, Zip Code):

949 East Main Street apt #4  
Pahokee, FL 33476

4. Telephone:

(561) 261-6565

5. Candidate's Voter Registration #:

112530312

(not required for qualifying purposes)

6. Email Address:

SaraPerez18@yahoo.com

7. Office Sought (include district, circuit, group, or seat #):

Commissioner Group #2

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☒ No Party Affiliation Candidate. ☐ \_\_\_\_\_ Party candidate.

10. I have appointed the following person to act as my:

☒ Campaign Treasurer

☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Sara L. Perez

12. Telephone:

(561) 261-6565

13. Email Address:

SaraPerez18@yahoo.com

14. Mailing Address:

691 E. Main St, Pahokee, FL 33476

15. City:

Pahokee

16. State:

FL

17. Zip Code:

33476

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

PNC Bank

20. Address:

104 South Lake Ave

21. City:

Pahokee

22. County:

Palm Beach

23. State:

FL

24. Zip Code:

33476

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

11/21/2023

26. Signature of Candidate:

X Sara L. Perez

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

I, Sara L. Perez do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

11/21/2023

29. Signature of Campaign Treasurer or Deputy Treasurer

X Sara L. Perez

received  
11/27/23 1:28pm

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Palm Beach

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

City of Palokee Commissioner Group #2  
(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Sara L. Perez  
Signature

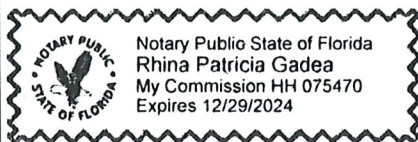
(Affix Seal Below)

Sworn to and subscribed before me by means of ☒ physical presence

Or ☐ online notarization this 21 day of November, 2023.

Rhina Patricia Gadea  
Signature of Officer Administering Oath or of Notary Public

Rhina Patricia Gadea  
Print, Type, or Stamp Commissioned Name of Notary Public



Personally Known ☒ or Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home ☐ Office ☒

691 East Main Street

Street or Post Office Box

Palokee, FL 33474

City, State, Zip Code

Sara L. Perez  
Print Name

Sara L. Perez  
Signature



**CANDIDATE OATH****NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)  
Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

received  
11/27/23  
1:28pm

**OFFICE USE ONLY****Candidate Oath**

Name to appear on ballot:

Sara Perez

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of

City of Pahokee Commissioner  
(Office) (District #)Group # 2  
(Circuit #) (Group or Seat #)I am a qualified elector of Palm Beach County, Florida

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

**Statement of Outstanding Fines, Fees, or Penalties**

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do ☐ NO, I Do Not ☒

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

Signature of Candidate

X Sara Perez

Telephone Number

(561) 261-6565

Email Address

saraperez18@yahoo.com

Address of Legal Residence

949 East Main St apt #4

City

Pahokee

State

FL

ZIP Code

33476**STATE OF FLORIDA****COUNTY OF** Palm Beach

Sworn to (or affirmed) and subscribed before me by means of  
online notarization ☐ OR physical presence ☒

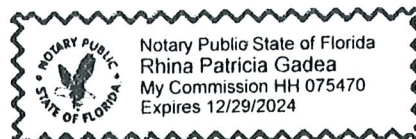
this 21 day of November, 2023.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



### Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

### Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity
None	None

### Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is Sara L. Perez. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is N/A. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: Sara Perez

STATE OF FLORIDA

COUNTY OF Palm Beach

Rhina Patricia Gadea

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

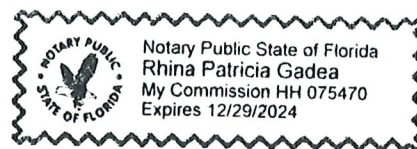
Sworn to (or affirmed) and subscribed before me by means

of online notarization ☐ OR physical presence ☒

this 21 day of November, 2023.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_

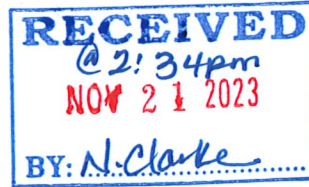


# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, Sara L. Perez,

candidate for the office of Commissioner Group #2;

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

X

Sara Perez  
Signature of Candidate

11/21/2023  
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).