





CANDIDATE BIOGRAPHICAL DATA

С	ity Council Position (select one): Mayor □ Seat 2 □ Seat 3 □ Seat 4 □ Seat 5 □
1.	Full Name: PETER J. FILIBERON
	Address: 2263 Spring Creek Circle
	City: Parn Bay State FL Zip Code: 32907
	Contact Information:
	Home/Mobile: 321 808 0071
	Business:
	E-Mail: PERFIL Q GMAIL.CO
2.	Date of Birth (optional): OZ 04/1488
3.	Education:
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Γ	
4.	Present Employment:
	Company: SEL
	Address:
5.	Occupation:

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	Job Responsibilities:
	If retired, what was your occupation prior to retirement?
	Job Responsibilities:
6.	Resident: Years Months
7.	Are you a member or participant of any community organizations? (Please list)

8. Why do you want to be a member of the City Council?