

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

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

(PLEASE PRINT OR TYPE)

'17 SEP 25 10:47 AM

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)

Boyce T. White

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

140 Siguenza Dr  
Pensacola Beach, FL 32561

**4. Telephone**

(850) 393-9177

**5. E-mail address**

bwhite4district4@gmail.com

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

Escambia County Commissioner  
District 4

**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    ☒ Republican Party candidate.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Malcolm S. Williams

**11. Mailing Address**

6560 Terrasanta

**12. Telephone**

(850) 380-9842

**13. City**

PENSACOLA

**14. County**

ESCAMBIA

**15. State**

FL

**16. Zip Code**

32504

**17. E-mail address**

malcolm@malcolmswilliams.com

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

**19. Name of Bank**

The First

**20. Address**

PO Box 12870

**21. City**

PENSACOLA

**22. County**

ESCAMBIA

**23. State**

FL

**24. Zip Code**

32591

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**

9-25-17

**26. Signature of Candidate**

X Boyce T. White

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

I, MALCOLM S. WILLIAMS, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer    ☐ Deputy Treasurer.

9-21-17

Date

X Malcolm S. Williams

Signature of Campaign Treasurer or Deputy Treasurer