

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

JAN 07 2022

(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) <u>Connor Patrick Mann</u>		3. Address (include post office box or street, city, state, zip code) <u>9731 Tower Ridge Rd Pensacola, FL 32526</u>
4. Telephone <u>(850) 291-5817</u>	5. E-mail address <u>Connorpmann@gmail</u>	

6. Office sought (include district, circuit, group number) <u>Escambia County School Board Member, District 1</u>	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.
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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
Connor Mann

11. Mailing Address <u>9731 Tower Ridge Rd</u>	12. Telephone <u>(850) 291-5817</u>
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13. City <u>Pensacola</u>	14. County <u>Escambia</u>	15. State <u>FL</u>	16. Zip Code <u>32526</u>	17. E-mail address <u>Connorpmann@gmail</u>
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18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank <u>Hancock Whitney Bank</u>	20. Address <u>940 Creighton Road</u>		
21. City <u>Pensacola</u>	22. County <u>Escambia</u>	23. State <u>Florida</u>	24. Zip Code <u>32504</u>

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
1-7-22^{am}

26. Signature of Candidate
X Connor P. Mann

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
 I, Connor P. Mann, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1-7-22^{am} Date X Connor P. Mann Signature of Campaign Treasurer or Deputy Treasurer