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.

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OFFICE USE ONLY

| OFFICE COLUMN | | | | | | | | |
|--|--|-----------|--|--|---------------|--------------------|---------------------|--|
| 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): | | | 3. Address (include PO Box or Street, City, State, Zip Code): 2381 Inverness Dr., Pensacola, FI, 32503 | | | | | |
| (Please Print or Type Name) Charles Buxton Mitchell | | | 2001 IIIVelliess Dr., Felisacola, Fi, 32003 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. Telephone: 5. Candidate's Voter Registrat | | | | tion #: 6. Email Address: | | | | |
| 1050 1000 0100 | 103968822 | | | Buck@rosies.com | | | | |
| (850)232-9400 | (not required for qualifying purposes) | | | | | | | |
| 7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable: | | | | | | | | |
| Escambia Board of County Commissioners District 4 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. ☐ Republican Party candidate. | | | | | | | | |
| 10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer | | | | | | | | |
| 11. Name of Treasurer or Deputy Treasurer: | | | 12. Telephone: | | | 13. Email Address: | | |
| Charles B. Mitchell (850)433-7049 Buck@rosies.co | | | | | | rosies.com | | |
| 14. Mailing Address: | 15. City: 16. S | | | tate: | 17. Zip Code: | | | |
| 2381 Inverness Dr | | Pensacola | | | FL | | 32503 | |
| 18. I have designated the following bank as my (check appropriate box): I Primary Depository | | | | | | | | |
| 19. Name of Bank: | | | 20. Address: | | | | | |
| Bank of Pensacola | | | 500 S. Palafox St. #100 | | | | | |
| 21. City: | | 22. Co | 170 | | | tate: | 24. Zip Code: 32502 | |
| Pensacola | | Escambia | | | FL | | | |
| 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. | | | | | | | | |
| 1/20/2024 | | | 26. Signature of Candidate: | | | | | |
| 25. Date: 1/29/2024 | | | $X \subseteq$ | Las I | S. N | illel | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) | | | | | | | | |
| | | | | | | | | |
| I, Charles B. Mitchelldo hereby accept the appointment designated above as: | | | | | | | | |
| (Please Print or Type Name) | | | | | | | | |
| ☐ Campaign Treasurer. | | | | ■ Deputy Treasurer. | | | | |
| 28. Date: 1/29/2024 | | | | 29. Signature of Campaign Treasurer of Deputy Treasurer X Children Additional Control of Campaign Treasurer of Deputy Treasurer | | | | |
| | | | | | | | | |