

**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.

RECEIVED  
SUPERVISOR OF ELECTIONS

2024 MAR -4 P 1:55

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)

Paul Mixon

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

Post Office Box 1427  
Crestview, FL 32536

**4. Telephone:**

( 850 ) 3628846

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

votepaulmixon@gmail.com

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

County Commissioner, District One

**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. ☒ 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:**

Nikki Schneberger

**12. Telephone:**

( 850 ) 4997687

**13. Email Address:**

nikkischneberger@synovus.com

**14. Mailing Address:**

c/o 1139 Industrial Drive

**15. City:**

Crestview

**16. State:**

FL

**17. Zip Code:**

32539

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

**19. Name of Bank:**

Synovus Bank

**20. Address:**

1139 Industrial Drive

**21. City:**

Crestview

**22. County:**

Okaloosa

**23. State:**

FL

**24. Zip Code:**

32539

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:** March 4, 2024

**26. Signature of Candidate:**

X 

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

I, Nikki Schneberger do hereby accept the appointment designated above as:  
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:** March 4, 2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X 

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☒ 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)

Paul Mixon

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

Post Office Box 1427  
Crestview, FL 32536

**4. Telephone:**

(850 ) 362-8846

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

votepaulmixon@gmail.com

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

County Commissioner, District One

**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.    ☒ 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:**

Paul Mixon

**12. Telephone:**

(850 ) 499-7687

**13. Email Address:**

votepaulmixon@gmail.com

**14. Mailing Address:**

Post Office Box 1427

**15. City:**

Crestview

**16. State:**

FL

**17. Zip Code:**

32536

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

**19. Name of Bank:**

**20. Address:**

**21. City:**

**22. County:**

**23. State:**

**24. Zip Code:**

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**25. Date:** March 4, 2024

**26. Signature of Candidate:**

**X** 

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

I, Paul Mixon do hereby accept the appointment designated above as:  
(Please Print or Type Name)

☐ Campaign Treasurer.

☒ Deputy Treasurer.

**28. Date:**

3/4/24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

**X** 

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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I, Paul Mixon,

candidate for the office of County Commissioner, District One;

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

X

  
Signature of Candidate

3-4-24

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).