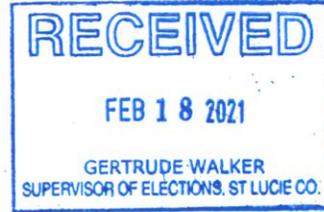


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)



NOTE: This form must be on file with the 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)

Sean P. Mitchell

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

192 S.W. Klee Circle  
Port St. Lucie, FL 34953

4. Telephone

(561) 358-7161

5. E-mail address

kwspm@belkath.net

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

St. Lucie County Commissioner  
District # 2

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     Democrat Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

William M. Lofley

11. Mailing Address

1361 S.W. Belleveue Avenue

12. Telephone

(561) 541-6149

13. City

P.S.L.

14. County

St. Lucie

15. State

FL.

16. Zip Code

34953

17. E-mail address

M.Lofley@gmail.com

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

19. Name of Bank

T.O. Bank

20. Address

1660 S.W. Saint Lucie West Blvd.

21. City

P.S.L.

22. County

St. Lucie

23. State

FL.

24. Zip Code

34986

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

February 13, 2021

26. Signature of Candidate

X Sean P. Mitchell

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

I, William M Lofley, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

2-13-21

Date

X

W.M. Lofley

Signature of Campaign Treasurer or Deputy Treasurer