

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

NOV 06 2025

CITY CLERK

NOTE: This form must be on file with the filing 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):  
(Please Print or Type Name)

Andrea Keiser

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

55 Southeast 2nd Avenue, Suite 102  
Delray Beach, FL 33444

**4. Telephone:**

(561 ) 595-3853

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

102148803

(not required for qualifying purposes)

**6. Email Address:**

andrea@keiser4delray.com

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

City Commission, At Large

**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.  \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**  Campaign Treasurer  Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Mark Mitchell

**12. Telephone:**

(850 ) 404-1000

**13. Email Address:**

noreen@pacfm.net

**14. Mailing Address:**

527 East Park Avenue

**15. City:**

Tallahassee

**16. State:**

FL

**17. Zip Code:**

32301

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

**19. Name of Bank:**

Truist Bank

**20. Address:**

2051 Thomasville Road

**21. City:**

Tallahassee

**22. County:**

Leon

**23. State:**

FL

**24. Zip Code:**

32308

**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:**

11-5-2025

**26. Signature of Candidate:**

X *A. Keiser*

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

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

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

11/5/25

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

X *Mark S. Mitchell*