

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)

CHAUNCELO R ROOSEVELT HOWELL

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

2455 SW PAGE CIRCLE
PORT ST LUCIE, FL 34953

4. Telephone

(772) 607-3701

5. E-mail address

CHAUNCELO@HOTMAIL

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

CITY COUNCIL 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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

EMMETT TENNELL

11. Mailing Address

3447 SW CATSKILL DRIVE

12. Telephone

(772) 626-7248

13. City

PORT ST LUCIE

14. County

ST LUCIE

15. State

FL

16. Zip Code

34953

17. E-mail address

emmetttennell@comcast.net

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

19. Name of Bank

BANK OF AMERICA

20. Address

1800 SW GATLIN DR

21. City

PORT ST LUCIE

22. County

ST LUCIE COUNTY

23. State

FL

24. Zip Code

34953

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

July 22, 2015

26. Signature of Candidate

X Chauncele Howell

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

I, EMMETT TENNELL, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

JULY 22ND 2015

Date

X Emmett Tennell

Signature of Campaign Treasurer or Deputy Treasurer

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AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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1. CHECK APPROPRIATE BOX(ES):

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2. Name of Candidate (in this order: First, Middle, Last)

CHAUNCELR ROOSEVELT HOWELL

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

2455 SWL PAGE CIRCLE
PORT ST LUCIE, FL 34953

4. Telephone

(772) 607-3701

5. E-mail address

chauncelr@hotmail.com

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

City Council 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 _____ Party candidate.

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10. Name of Treasurer or Deputy Treasurer

CHAUNCELR HOWELL

11. Mailing Address

2455 SWL PAGE CIRCLE

12. Telephone

(772) 607-3701

13. City

PORT ST LUCIE

14. County

ST LUCIE

15. State

FL

16. Zip Code

34953

17. E-mail address

chauncelr@hotmail.com

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

19. Name of Bank

BANK OF AMERICA

20. Address

1805 SWL GATLIN BLVD

21. City

PORT ST LUCIE

22. County

ST LUCIE

23. State

FL

24. Zip Code

34953

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25. Date

July 22, 2015

26. Signature of Candidate



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

I, CHAUNCELR HOWELL, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

July 22, 2015

Date



Signature of Campaign Treasurer or Deputy Treasurer