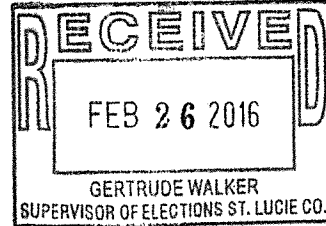


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(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)

Howard M Fein

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

643 SE Ron Rico Terrace  
Port St. Lucie, FL 34983 AF

**4. Telephone**

(772) 202-8675

**5. E-mail address**

prosperityforallinstlucie@gmail.com

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

County Commission Dist 3

**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    ☒ Republican Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

MICHAEL LOEB

**11. Mailing Address**

5940 NW CENTER ST

**12. Telephone**

(772) 579-5001

**13. City**

Port St. Lucie

**14. County**

St. Lucie

**15. State**

FL

**16. Zip Code**

34986

**17. E-mail address**

MIKE8307@GMAIL.COM

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

**19. Name of Bank**

Florida Community Bank

**20. Address**

1301 SE PSL Blvd

**21. City**

Port St. Lucie

**22. County**

St. Lucie

**23. State**

FL

**24. Zip Code**

34952

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**

2/26/16

**26. Signature of Candidate**

X Howard M Fein

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

I, MICHAEL LOEB, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer    ☐ Deputy Treasurer.

02/26/16  
Date

X

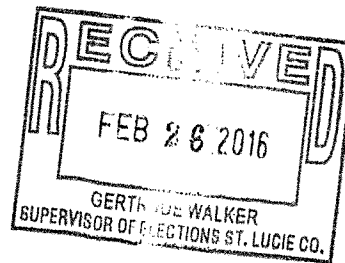
Michael Loeb  
Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

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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)

Howard M Fein

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

643 SE Ron Rico Terrace  
Port St. Lucie, FL 34983

AF

**4. Telephone**

(772) 202 8675

**5. E-mail address**

Prosperityforallinstlucie@gmail.com

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

County commission District 3

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

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☐ Write-In    ☐ No Party Affiliation    ☒ Republican Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

Howard Fein

**11. Mailing Address** 10552 S us Hwy 1  
PSL, FL 34952

**12. Telephone**

(772) 202 8679

**13. City**

Port St Lucie

**14. County**

St. Lucie

**15. State**

FL

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34952

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☐ Secondary Depository

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**25. Date**

2/26/16

**26. Signature of Candidate**

X Howard Fein

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

I, Howard M Fein, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

2/26/16

Date

X Howard Fein

Signature of Campaign Treasurer or Deputy Treasurer