

RECEIVED

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR
CANDIDATES
(Section 106.021(1), F.S.)

OFFICE USE ONLY
2006 MAY 26 AM 8:14

MIAMI-DADE
ELECTIONS

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: ROBIN FABER
1. Address (include post office box or street, city, state, zip code):
PO Box 116688
Miami, FL 33116-1688

Telephone (optional): (305) 498-3839
2. Party (Partisan candidates only):
3. Office (add district, circuit, group number): COUNTY COURT - GROUP 4

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

4. Name of Treasurer or Deputy Treasurer:
Debra Roth Arthur

5. Mailing Address (If post office box or drawer add street address): 8915 SW 108 Path
6. Telephone: 305-412-3311

7. City: Miami 8. County: Miami-Dade 9. State: FL 10. Zip Code: 33176

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: SUNTRUST 12. Street Address: 777 Brickell Avenue

13. City: Miami 14. County: Miami-Dade 15. State: FL 16. Zip Code: 33131

17. Signature of Candidate: [Signature] Date: 5-26-06

Campaign Treasurer's Acceptance of Appointment

I, Debra Roth Arthur, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of ROBIN FABER
who is seeking nomination or election as a _____ candidate to the office of _____
(Party)

COUNTY COURT JUDGE . As a duly registered voter in MIAMI-DADE

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

5-26-06 X [Signature]
Date Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR
CANDIDATES
(Section 106.021(1), F.S.)

OFFICE USE ONLY
2006 MAY 26 AM 8:14

MIAMI-DADE
ELECTIONS

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: ROBIN FABER
1. Address (include post office box or street, city, state, zip code):
PO BOX 161688
MIAMI, FL 33116-1688

Telephone (optional): (305) 498-3839
2. Party (Partisan candidates only):
3. Office (add district, circuit, group number): COUNTY COURT - GROUP 4

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

4. Name of Treasurer or Deputy Treasurer: Carol S. Faber

5. Mailing Address (If post office box or drawer add street address): 1 SE Third Avenue, 28th Floor
6. Telephone: 305-982-5559

7. City: MIAMI 8. County: MIAMI-DADE 9. State: FL 10. Zip Code: 33131

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: SUNTRUST 12. Street Address: 777 Brickell Avenue

13. City: MIAMI 14. County: MIAMI-DADE 15. State: FL 16. Zip Code: 33131

17. Signature of Candidate: [Signature] Date: 5-26-06

Campaign Treasurer's Acceptance of Appointment

I, Carol S. Faber, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Robin Faber
who is seeking nomination or election as a _____ candidate to the office of
(Party)

COUNTY COURT JUDGE As a duly registered voter in MIAMI-DADE

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

5-26-06 Date [Signature] Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

2006 APR -3 AM 8: 51

**STATEMENT OF CANDIDATE
FOR JUDICIAL OFFICE**

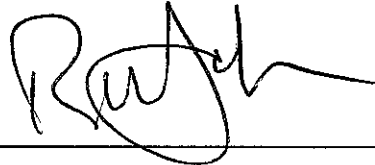
(Section 105.031(5), F.S.)

(Please Type)

OFFICE USE ONLY
MIAMI-DADE
ELECTIONS

I, ROBIN FABER

a judicial candidate, have received, read, and understand the requirements
of the Florida Code of Judicial Conduct.



(Signature of candidate)

4-3-06

(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

RECEIVED

2006 APR -3 AM 8:51

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

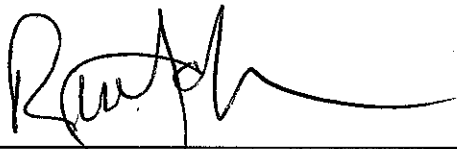
OFFICE USE ONLY
MIAMI-DADE
ELECTIONS

I, ROBIN FABER,

candidate for the office of COUNTY COURT JUDGE ;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X 

Signature of Candidate

4-3-06

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).



Miami-Dade Supervisor of Elections
 2700 NW 87th Avenue
 Miami, FL 33172 (305) 499-8400

RECEIPT

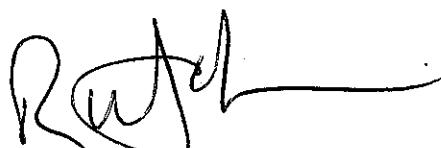
Candidate:

ROBIN	WILSON	FABER
First Name	Middle Name	Last Name

Office: County Court Judge Group # 4

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County Court Judge**

Received by: 
 Candidate Signature

Date: 4-3-06

RECEIVED
 2006 APR -3 AM 8:51
 MIAMI-DADE
 ELECTIONS

RECEIVED

**JUDICIAL OFFICES
LOYALTY OATH**

(Sections 876.05-876.10, Florida Statutes)

2006 OFFICE USE ONLY 42

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I, <u>ROBIN</u>	<u>WILSON</u>	<u>FABER</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, ROBIN FABER
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the judicial office of COUNTY COURT, 11, 4
(office) (district) (circuit)
My legal residence is MIAMI-DADE County, Florida. I am a qualified elector
(group)

of the state and of the territorial jurisdiction of the court to which I seek election. I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be elected or in which I desire to be retained. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office which I am required to resign pursuant to Section 99.012, Florida Statutes.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE



Robin Wilson Faber
Signature of Candidate

PO Box 161688 (305) 495-4507
Mailing Address Day Phone Fax Number

MIAMI FLORIDA 33116-1688 5/5/06
City State Zip Code Date Signed

OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

5331602

RECEIVED FROM Robin Faber

DATE 5 / 8 / 06
MONTH DAY YEAR

ADDRESS P.O. Box 161688
CITY Miami STATE FL ZIP 33116
STREET ADDRESS

CASH \$ _____
CHECKS \$ 4853 . 00
TOTAL \$ 4853 . 00

AMOUNT: Four thousand Eight hundred Fifty Three DOLLARS, AND xx/xx CENTS

USE OF: Qualifying Fee, County Court Judge G.R.P. #4

RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
Elections BY: YOLANDA WASHINGTON

OFFICE USE ONLY

SUBSIDIARY					INDEX CODE					SUBJECT					AMOUNT				

ROBIN FABER CAMPAIGN ACCOUNT
P.O. BOX 161688 MIAMI, FLORIDA 33116-1688

1155
63-215/631

Date 5-8-06

Pay to the order of Board of county Commissioners \$ 4,853⁰⁰ / 100

Four thousand Eight hundred Fifty Three ^{xx}/₁₀₀ Dollars

SUNTRUST ACH RT 061000104
For Qualifying Fee

Robin Faber MP

⑆063102152⑆ ⑆1000047315261⑆ ⑆1155