

2018 JUN -4 PM 4: 26

As per qualifying for commissioner for south broward drainage dist zone 7. Pursuant to section 99.061(3) florida statutes .at this time no campaign treasurer at this time and no collection of contributions. Not required to file campaign treasurer's reports.

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

Robert e. Goggin iv

A handwritten signature in blue ink, appearing to read "Robert e. Goggin iv", written over a printed name. The signature is stylized and includes a large circular flourish on the left side.

JUN 04 11: 58

2018 JUN -4 PM 4:28

As per auditing for commissioner for south broward drainage dist zone 7 Pursuant to section 99.061(3) Florida Statutes at this time no campaign treasurer at this time and no collection of contributions. Not required to file campaign treasurer's reports.

Robert J. Gocchin

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

2018 JUN -4 PM 4:28

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

2018 JUN 18 PM 1:30

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, ROBERT E GOGGIN II,
candidate for the office of COMMISSIONER - SOUTH BROWARD DRAINAGE ^{ZONE 7};

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X [Signature]
Signature of Candidate

6-4-2018
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).

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

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

(PLEASE PRINT OR TYPE)

2018 JUN 18 PM 1:30

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

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)

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

ROBERT EDWARD GOGGIN JR

7760 N.W. 6TH COURT
PEMBROKE PINES FL 33024

4. Telephone

5. E-mail address

(954) 401-2908 smug-rug-bug@aol.com

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

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

SOUTH BROWARD DRAINAGE DIST ZONE 7

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

ROBERT E. GOGGIN JR

11. Mailing Address

7760 NW 6TH COURT

12. Telephone

(954) 401-2908

13. City

14. County

15. State

16. Zip Code

17. E-mail address

PEMBROKE PINES

BROWARD

FL

33024

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

20. Address

REGIONS BANK

8020 PINES BLVD

21. City

22. County

23. State

24. Zip Code

PEMBROKE PINES

BROWARD

FL

33024

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

6-4-2018

26. Signature of Candidate

X

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

I, ROBERT E. GOGGIN JR, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6-4-2018

X

Date

Signature of Campaign Treasurer or Deputy Treasurer

2018 JUN -4 PM 4:49

BROWARD COUNTY
SUPERVISOR OF ELECTIONS