

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

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

(PLEASE PRINT OR TYPE)

2022 JUN -2 PM 4:46

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)

ROBERT E GOGGIN II

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

7760 N.W 6TH COURT
PEMBROKE PINES FL 33024

4. Telephone

(954) 401-2908

5. E-mail address

SMUGRUGBUG@gmail.com

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

SOUTH BROWARD DRAINAGE DIST. ZONE 7

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

ROBERT EDWARD GOGGIN II

11. Mailing Address

7760 N.W 6TH COURT

12. Telephone

(954) 401-2908

13. City

PEMBROKE PINES

14. County

BROWARD

15. State

FL

16. Zip Code

33024

17. E-mail address

SMUGRUGBUG@gmail.com

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

19. Name of Bank

TD BANK

20. Address

7999 PINES BOULEVARD

21. City

PEMBROKE PINES

22. County

BROWARD

23. State

FL

24. Zip Code

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

6-1-2022

26. Signature of Candidate

X [Signature]

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

I, ROBERT EDWARD GOGGIN II, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

6-1-2022

Date

X [Signature]

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

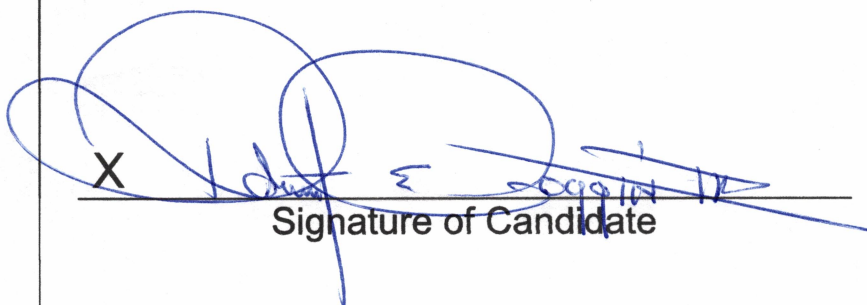
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BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, ROBERT E. GOGGIN IV,

candidate for the office of SOUTH BROWARD DRAINAGE DIST ZONE 7,

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

X 

Signature of Candidate

6-1-2022

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).