APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

Record 2020SEP22PM12:13

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.									of Flor	LICE	ONII V	
1. CHECK APPROPRIATE BOX(ES):						-			OFFICE	: 05E	UNLY	
Initial Filing of Form		ling to Change:	Tre	asurer/	Deputy		Deposito	ry 🔲	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip							
Robbin P. Rush				code) 1744 FIDDLERS BIDGE DIL FLEMING ISLAND EL 32003								
4. Telephone 5. E-mail address					· · ·							
(904)631-9279	south.	NET										
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if							
CROSSINGS AT FLEMING ISLAND CDD					applicable:							
SUAT S					My intent is to run as a Write-In candidate.							
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a												
Write-In 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												
11. Mailing Address								12. Telep	hone			
1744 FIDDLAN 21065 DR 13. City 14. County 15. St					(904) 631-9279							
13. City	14. Co	ounty	15. Stat	e 16	6. Zip Code	Zip Code 17. E-mail address 2003 rushrobb@bellsouth.						
FLEMING ISLAND CLAY		FL	3	2003	003 rushi		obbe t	sellso	ith.	net		
18. I have designated the following bank as my Primary Depository Secondary Depository												
19. Name of Bank					20. Address							
VYSTAN				1755 EACLE HAPLBON PLWY								
21. City		22. County			23. Sta	ate			24.Zip C	ode		
FLEMING 15 LANG	5	CLAY	ur .		す たけ				320	203		
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					26. Signature of Candidate							
72 SUPT 2020				X								
27. Treasur	er's Acce	eptance of Appo	ointment	(fill in th	ne blanks a	and	check the	appropriat	te block)			
1, Robbin Rush					, do hereby accept the appointment							
V	(Pleas	se Print or Type	Name)									
designated above as:	T	4 Campaign	Freasurer		Deputy	/ Trea	asurer.					
22 SUPT	2026)	X	1	1							
Date				Signature of Campaign Treasurer or Deputy Treasurer								