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.

RECEIVED

SEP 0 8 2021



OFFICE LISE ONLY

officer before opening the	e campaign account.					OFFICE	= USE	ONLY
1. CHECK APPROPRIATE Initial Filing of Form	E BOX(ES): Re-filing to Change	e: Tre	asurer/Deputy [Depository		Office		Party
2. Name of Candidate (in	3. Address (inclu	ide post office bo	ox or s	reet, city,	state, ;	zip aiz		
Robin E. Lanigan		code) 501 West Adams Street, Suite 7169						
4. Telephone	5. E-mail address		Jacksonville, FL 32202					
	robinlanigan@gmail.							
Office sought (include district, circuit, group number) County Court Judge, Group 4				ididate for a <u>noi</u>	npartis	san office	, chec	k if
County Court budge, C		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 AffiliationParty candidate.								
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer								
10. Name of Treasurer or Deputy Treasurer								
Eugene Nichols, Esquire								
11. Mailing Address				12.	Telepl	none		
300 West Adams Street				·		353-330	00	
13. City	14. County Duval	15. State		17. E-mail add		0.00		
Jacksonville	FL	32202	gene@nicho	Isand	pina.con	n		
18. I have designated the	following bank as my	\boxtimes	Primary Deposito	ry Sec	condar	y Deposito	ory	
19. Name of Bank	1000	0. Address						
Bank of America	45	500 Wabash Av						
21. City	22. County		23. State			24. Zip Co	de	
Jacksonville	Duval		Florida		3	32210		
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	10 0 0 1	26	6. Signature of Car	ndidate				
September 8,2021 XDelidbary								
27. Treasure	er's Acceptance of Appo	intment (fil	ll in the blanks and	check the appro	opriate	block)		
1, Zazen		, do hereby accept the appointment						
(Please Print or Type Name) designated above as: ☐ Deputy Treasurer. ☐ Deputy Trea								
Sept 8,2021 X Sure & Clicles								
Date Signature of Campaign Treasurer or Deputy Treasurer								