

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

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(PLEASE PRINT OR TYPE)

MIAMI-DADE
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)

ROBIN WILSON FABER

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

1351 NW 12 street
Room 523
Miami, FL 33132

4. Telephone

(305) 548-5194

5. E-mail address

RFABER@JUD11.FLCOURTS.ORG

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

MIAMI-DADE
COUNTY COURT JUDGE - GROUP 04

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

ROBIN FABER

11. Mailing Address

1351 NW 12 street, Room 523, Miami, FL 33132

12. Telephone

(305) 495-4507

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33132

17. E-mail address

RFABERFAM@AOL.COM

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

19. Name of Bank

CITIBANK, NA

20. Address

201 S. Biscayne Blvd, Ste 1000

21. City

MIAMI

22. County

Miami-Dade

23. State

FL

24. Zip Code

33131

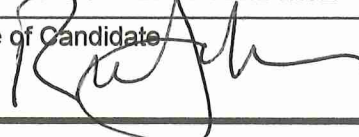
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11-17-17

26. Signature of Candidate

X



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

I, ROBIN FABER, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

11-17-17

X



Date

Signature of Campaign Treasurer or Deputy Treasurer