

**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.

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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 33125

4. Telephone

(305) 548-5194

5. E-mail address

RFABER@JUD11.FL.COURTS.ORG

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

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

Carol S. Faber

11. Mailing Address

AKERMAN, LLP, Brickell City Centre, 98 SE 7 St., 11th Floor

12. Telephone

(305) 374-5600

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33131

17. E-mail address

carol.faber@akerman.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

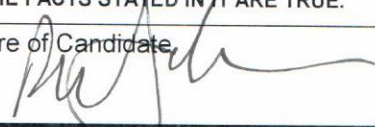
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

4-22-18

26. Signature of Candidate

X



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

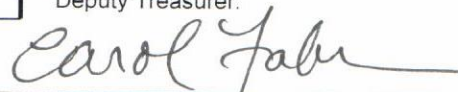
I, CAROL S. FABER, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

4-22-18

Date

X



Signature of Campaign Treasurer or Deputy Treasurer