

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

2022 JUN 14 PM 2:02

PALM BEACH COUNTY, FL.

**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 K. ROLLINS JR**

3. Address (include post office box or street, city, state, zip code)  
**6001 BROKEN SOUND PKY, NW  
SUITE 500  
BOCA RATON, FL 33487**

4. Telephone: **(561) 289-5224**      5. E-mail address: **rrollins@beacongroupinc.com**

6. Office sought (include district, circuit, group number)  
**SEAT #2, COMMISSIONER  
GREATER BOCA RATON BEACH + PARKS DST.**

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 ROLLINS JR.**

11. Mailing Address  
**6001 BROKEN SOUND PKY, NW, STE 500  
BOCA RATON, FL 33487**

12. Telephone  
**(561) 289-5224**

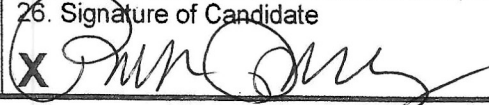
13. City: **BOCA RATON**    14. County: **PALM BCH**    15. State: **FL**    16. Zip Code: **33487**    17. E-mail address: **rrollins@beacongroupinc.com**

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

19. Name of Bank: **WELLS FARGO**      20. Address: **5131 CONGRESS AVE**

21. City: **BOCA RATON**      22. County: **PALM BEACH**      23. State: **FL**      24. Zip Code: **33487**

**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: **6-14-22**      26. Signature of Candidate: 

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

I, **ROBERT ROLLINS JR**, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

**6-14-22** Date       Signature of Campaign Treasurer or Deputy Treasurer