

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

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

(PLEASE PRINT OR TYPE)

2017 MAR 20 AM 10:30

BROWARD COUNTY  
SUPERVISOR OF 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)

Jim Silvernale

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

3444 Buchanan STREET  
HOLLYWOOD, FL 33021

**4. Telephone**

(954) 226-8522

**5. E-mail address**

JAS91356@gmail.com

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

School Board of Broward  
County District 1

**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**

Ron Costello

**11. Mailing Address**

262 S.W 8th STREET

**12. Telephone**

(954) 303-0623

**13. City**

DANIA BEACH

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33004

**17. E-mail address**

chefrunc@bellsouth.net

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

SUN TRUST BANK

**20. Address**

1601 S. FEDERAL Hwy

**21. City**

FT. LAUDERDALE

**22. County**

Broward

**23. State**

FLORIDA

**24. Zip Code**

33316

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**

3-20-17

**26. Signature of Candidate**

X 

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

I, Ron Costello, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

Date

3/20/17

X

Signature of Campaign Treasurer or Deputy Treasurer



# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

2017 MAR 20 AM 10:30

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

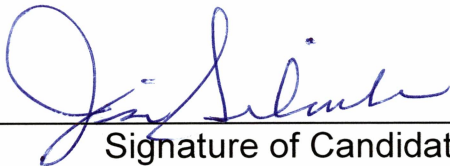
I, TIM SILVERNALE,

candidate for the office of SCHOOL BOARD OF BROWARD COUNTY  
District 1

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

3/20/17

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).