

**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.**

2019 AUG -5 AM 9:06

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

AMENDED

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)

Sarah Leonardi

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

717 SW 2nd Drive
Pompano Beach, FL 33060

4. Telephone

(386) 3382537

5. E-mail address

sarahmkleonardi@gmail.com

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

Broward School Board District 3

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

Ross Leonardi

11. Mailing Address

717 SW 2nd Drive

12. Telephone

(954) 6462066

13. City

Pompano Beach

14. County

Broward

15. State

FL

16. Zip Code

33060

17. E-mail address

rleonardi17@gmail.com

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

19. Name of Bank

Bank of America

20. Address

4901 N Federal Hwy

21. City

Fort Lauderdale

22. County

Broward

23. State

FL

24. Zip Code

33308

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

08/05/2019

26. Signature of Candidate

X



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

I, Ross Leonardi, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

08/05/2019

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

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AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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

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2019 AUG -5 AM 9:05

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SUPERVISOR OF ELECTIONS

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25. Date

08/05/2019

26. Signature of Candidate

X 

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

I, Sarah Leonardi, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

08/05/2019

Date

X


Signature of Campaign Treasurer or Deputy Treasurer