

# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

(PLEASE CHECK ONE)

Candidate Name	BILL SILVERMAN		
Residence Address	8916 FAWN RIDGE DRIVE		
City and Zip Code	FT. MYERS, FL 33912		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	609-513-8375	OR	
Email Address	BSILVERMAN@AOL.COM bsilvermanmd@aol.com		
Office Sought	LEE MEMORIAL HEALTH SYSTEM OUTPAT 5		
Area, District, Group Or Seat Number	5		
Political Party (if applicable for office sought)			
Date Of Birth Or Voter ID #	118180716		
Date	7/22/10		
Candidate Signature	X Bill Silverman, MD.		

**All information on this form becomes a public record upon receipt by the Lee County Supervisor of Elections.**

**Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.**

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

SCANNED

10JUN15AM1033E NELLE

1. CHECK APPROPRIATE BOX:

Original Appointment Change in:  Treasurer/Deputy  Depository  Office  Party

2. Name of Candidate (in this order: First, Middle, Last)

WILLIAM SILVERMAN

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

8916 FAWN RIDGE DRIVE  
FORT MYERS, FL 33912

4. Telephone (optional)

(239) 466-6693

5. E-mail address (optional)

CLAUDIASIL@AOL.COM

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

LEE MEMORIAL HEALTH SYSTEM SEAT 5

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

CLAUDIA D. SILVERMAN

11. Mailing Address (if post office box or drawer, also include street address)

8916 FAWN RIDGE DRIVE FT. MYERS, FL 33912

12. Telephone

(239) 466-6693

13. City

FT MYERS

14. County

LEE

15. State

FL

16. Zip Code

33912

17. E-mail address (optional)

CLAUDIASIL@AOL.COM

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

19. Name of Bank

WALNUTVA

20. Street Address

13541 GOLDENWOOD DRIVE

21. City

FT. MYERS

22. County

LEE

23. State

FL

24. Zip Code

33913

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

6/14/10

26. Signature of Candidate

X William Silverman

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

I, CLAUDIA D. SILVERMAN, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

6/14/10  
Date

X William Silverman  
Signature of Campaign Treasurer or Deputy Treasurer

<p><b>STATE OF FLORIDA</b>  <b>APPOINTMENT OF CAMPAIGN TREASURER</b>  <b>AND DESIGNATION OF CAMPAIGN</b>  <b>DEPOSITORY FOR CANDIDATES</b>          (Section 106.021(1), F.S.)</p> <p>(PLEASE PRINT OR TYPE)</p>	<p>OFFICE USE ONLY</p>
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**1. CHECK APPROPRIATE BOX:**  
 Original Appointment      Change in:     Treasurer/Deputy     Depository     Office     Party

<p><b>2. Name of Candidate</b> (in this order: First, Middle, Last)          BILL SILVERMAN</p>	<p><b>3. Address</b> (include post office box or street, city, state, zip code)          8916 FAWN RIDGE DRIVE          PORT MYERS, FL 33912</p>
<p><b>4. Telephone</b> (optional)          (609) 513-8375</p>	<p><b>5. E-mail address</b> (optional)          BSILVERMANMD@AOL.COM</p>

<p><b>6. Office sought</b> (include district, circuit, group number)          LEE MANORAL HEALTH SYSTEM OUTPAT</p>	<p><b>7. If a candidate for a <u>nonpartisan</u> office, check if applicable:</b>  <input type="checkbox"/> My intent is to run as a Write-In candidate.</p>
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**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**  
 BILL SILVERMAN

<p><b>11. Mailing Address</b> (If post office box or drawer, also include street address)          SAME</p>	<p><b>12. Telephone</b>          (239) 513-8375</p>
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<b>13. City</b>	<b>14. County</b>	<b>15. State</b>	<b>16. Zip Code</b>	<b>17. E-mail address</b> (optional)
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**18. I have designated the following bank as my**     Primary Depository     Secondary Depository

<p><b>19. Name of Bank</b>          WACHOVIA</p>	<p><b>20. Street Address</b>          13541 GOLDENWOOD DRIVE</p>		
<p><b>21. City</b>          FT. MYERS</p>	<p><b>22. County</b>          LEE</p>	<p><b>23. State</b>          FL</p>	<p><b>24. Zip Code</b>          33913</p>

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.

<p><b>25. Date</b>          JUL 22 2010</p>	<p><b>26. Signature of Candidate</b>          X Bill Silverman MD.</p>
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**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
 I, BILL SILVERMAN, do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

<p><u>JUL 22 2010</u> Date</p>	<p>X <u>Bill Silverman MD.</u> Signature of Campaign Treasurer or Deputy Treasurer</p>
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SCANNED

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

118180716

SILVERMAN, WILLIAM  
8916 FAWN RIDGE DR  
FORT MYERS FL 33912

I, William Silverman,

candidate for the office of Lee Memorial HS Seat 5 ;

have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

  
Signature of Candidate

6/12/10  
Date

100111P01#25NE Lec of 1

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).

IF YOU ARE A LEE MEMORIAL HEALTH SYSTEM CANDIDATE—YOU MUST COMPLETE AND SUBMIT THIS LOYALTY OATH WITH YOUR FINAL CANDIDATE QUALIFYING FORMS.

LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS  
LEE COUNTY TRAUMA SERVICES BOARD OF DIRECTORS

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes; Laws of Florida 2000-439)

NON-PARTISAN OFFICE

I swear or affirm that:

I, William Silverman, am a candidate for the office of Lee Memorial Health System Board

(Print Name)

of Directors and the Lee County Trauma Services Board of Directors for District 5; that I am a legal

(District Number)

resident of the Lee County health system district to which I seek election, and that my legal residence is:

8916 FAWN RIDGE DR FT. MYERS, FL 33912 Lee County, Florida

(Residence Address)

City

Zip Code)

LEE MEMORIAL HEALTH SYSTEM CANDIDATE MUST ALSO COMPLETE LOYALTY OATH BELOW

<p><b>LOYALTY OATH</b> (Sections 876.05-876.10, Florida Statutes) <b>NON-PARTISAN OFFICE</b></p> <p>STATE OF FLORIDA COUNTY OF <u>Lee</u></p>	<p>OFFICE USE ONLY</p>
<p>I. <u>William</u> <u>SILVERMAN</u></p> <p style="font-size: small;">First Name Middle Name/Initial Last Name</p> <p>a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.</p> <p><b>Important:</b> If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.</p>	
<p><b>OATH OF CANDIDATE</b> (Section 99.021, Florida Statutes)</p>	
<p>I. <u>WILLIAM SILVERMAN</u></p> <p style="font-size: x-small;">(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)</p> <p>am a candidate for the non-partisan office of <u>Lee Memorial Health System</u>,</p> <p><u>Seat 5</u>; I am a qualified elector of <u>Lee</u> County, Florida;</p> <p style="font-size: x-small;">(circuit) (group) (office) (district)</p> <p>I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from Florida Statutes</p> <p><u>William Silverman</u> ( ) SILVERMAN, WILLIAM Signature of Candidate Telephone: 8916 FAWN RIDGE DR 118180716 FORT MYERS FL 33912</p> <p>Address City</p>	
<p>Sworn to (or affirmed) and subscribed before me this <u>11</u> day of <u>June</u>, 20<u>10</u>.</p> <p>Personally Known: _____ or _____</p> <p>Produced Identification: <u>X</u></p> <p>Type of Identification Produced: <u>US Passports</u></p> <p style="text-align: right;"> <u>Cheryl Patrick</u> Signature of Notary Public – State of Florida Print, Type, or Stamp Commissioned Name of Notary Public         </p> <div style="border: 2px dashed black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: x-small; text-align: center;">NOTARY PUBLIC STATE OF FLORIDA</p> <p style="font-size: x-small;">Notary Public State of Florida Cheryl Patrick My Commission DD964249 Expires 02/22/2014</p> </div>	
DS-DE 25 (Rev. 11/09)	

\*10JUN11PM0125NE Lee Co Fl

\*10JUN14PM0243SDE Lee Co Fl

SCANNED

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME: SILVERMAN, WILLIAM  
 118180716

MAILING: 8916 FAWN RIDGE DR  
 FORT MYERS FL 33912

CITY: ZIP: COUNTY:

NAME OF AGENCY: LEE MEMORIAL HEALTH SYSTEM

NAME OF OFFICE OR POSITION HELD OR SOUGHT: SEAT 5

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

10JUN11PM0125NE Lee Co F1

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2009 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
PENSION SOCIAL SECURITY	NEWARK, NJ WASHINGTON, D.C.	

10JUN11PM0125NE Lee Co F1

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

8916 FAWN RIDGE DR
FT. MYERS, FL

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

COMMISSION ON ETHICS

**PART E — LIABILITIES** [Major debts]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

SHELL OIL

DEJ MOBILE, IA

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

(If you have nothing to report, you must write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

N/A

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

6/11/10

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.