OFFICE USE ONLY STATEMENT OF CANDIDATE 1:49 (Section 106.023, F.S.) (Please print or type) 1. Marianne Meischeid candidate for the office of Commissioner have been provided access to read and understand the requirements of Chapter 106, Florida Statutes. Reischiel 12/13/2021 Signature of Candidate Each candidate must file a statement with the gualifying 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). DS-DE 84 (05/11)

					DEC 1	6 AM11:48
APPOINTMENT OF CAMPA	A DE SANTA DE LE RESERVE DE RECEPCIES AND EN LE RECEPCIES					
AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES					UEC 1	6 ам11:48
(Section 106.021(1)					In	A.A.K.
(PLEASE PRINT OR	type)					tulant
NOTE: This form must be on fil officer before opening the campa						OFFICE USE ONLY
		L				OFFICE USE ONET
1. CHECK APPROPRIATE BOX(ES		reasurer/[Deputy	Deposito	ory	Office 🗌 Party
2. Name of Candidate (in this order	: First, Middle, Last)	the second s		le post offic	e box or s	treet, city, state, zip
Marianne Meise	Reid	code)		ling	Ave	#=803
4. Telephone 5. E-ma (917)6931312 Marei	il address $D4130$ and Am	0	rfsia			
6. Office sought (include district, cir		10	2432 (2540)	CE S NO SAV		san office, check if
1			applical			<u></u> ,
Commissione.	r			My intent	is to run as	s a Write-In candidate.
8. If a candidate for a <u>partisan</u> offi	ce, check block and fil	l in name	of party as	applicable	: My inte	ent is to run as a
🔲 Write-In 🗌 No Party Affi	liation				Pa	rty candidate.
9. I have appointed the following	9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer					
10. Name of Treasurer or Deputy Tr						
	eischeid					
11. Mailing Address	- 120				12. Telep	
9225 Collins A						693.1312
	iami-Dade FL		Zip Code 31 54	17. E-mai		3 @ Zol. com
18. I have designated the followin	-		ary Deposito			ry Depository
19. Name of Bank		20. Address				
21. City	22. County		23. State			24. Zip Code
UNDER PENALTIES OF PERJURY, I DECL DESIGNATION	LARE THAT I HAVE READ TH OF CAMPAIGN DEPOSITOR					
25. Date		T	ature of Car			
12.16.2021 × Nariane Meischiel					Reil	
	eptance of Appointmen	t (fill in the	e blanks and	check the	appropriat	e block)
1, Marianne	Meischer	d		, do her	eby accep	t the appointment
	se Print or Type Name)					
designated above as:	Campaign Treasure		Deputy Tre	easurer		
12.16.2021	X	Mar	iann	UTA	less	hick
Date		Signature	e of Campai	gn Treasur	er or Depu	ity Treasurer

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.

APPOINTMENT OF CAMPA AND DESIGNATION OF DEPOSITORY FOR CA (Section 106.021(1) (PLEASE PRINT OF NOTE: This form must be on fill	F CAMPAIGN ANDIDATES), F.S.) R TYPE)				DEC 1	7am11:02
officer before opening the campa					$\int $	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES		Treasurer/E	Deputy	Deposito	ry 🗆	Office 🗌 Party
2. Name of Candidate (in this order <u>Marianne</u> <u>Meiga</u> 4. Telephone 5. E-ma (91-7) <u>693-1312</u> Mare	Acid nil address	code) 	25 CO.		ve, 7	treet, city, state, zip 4- <i>80 3</i> 5 4
6. Office sought (include district, ci	rcuit, group number)		7. If a can applica	ble:	_	<u>san</u> office, check if s a Write-In candidate.
8. If a candidate for a <u>partisan</u> off	ice, check block and f	ill in name	of party as	applicable	: My inte	ent is to run as a
Write-In No Party Affi	liation				Pa	rty candidate.
9. I have appointed the following person to act as my 🛛 Campaign Treasurer 📈 Deputy Treasurer						
10. Name of Treasurer or Deputy Tr	easurer					
11. Mailing Address 9225 Collins Av	2 # 405				12. Teler	phone
13. City 14. C	county 15.5 mi Dade F	State 16. L 33	Zip Code	17. E-mail ampart	address okorbo	el Cyaha, com
18. I have designated the followin	g bank as my	Prima	ry Deposito	ry	Seconda	ry Depository
19. Name of Bank		20. Addro	ess			
21. City	22. County		23. State			24. Zip Code
UNDER PENALTIES OF PERJURY, I DECI DESIGNATION	ARE THAT I HAVE READ T OF CAMPAIGN DEPOSITO					
25. Date 12/16/2021					cheid	
	eptance of Appointme		blanks and	I check the a	appropriat	e block)
I, <u>FImparo Konb</u> (Please	e Print or Type Name)			, do here	eby accep	t the appointment
designated above as:	Campaign Treasur		Deputy Tr	easurer.	0	
12/10/2021	x	Impo	nd	Korle	L.	
Date		Signature	of Campai	gn Treasure	er or Depu	ty Treasurer

DS-DE 9 (Rev. 10/10)

	The second
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	DEC 16 AM11:48 DEC 16 AM11:48
(PLEASE PRINT OR TYPE)	DEC 21
NOTE: This form must be on file with the qualifying officer before opening the campaign account.	
1. CHECK APPROPRIATE BOX(ES):	Treasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	Treasurer/Deputy Depository Office Party 3. Address (include post office box or street, city, state, zip
In In n I	code)
4. Telephone 5. E-mail address	- 9225 Collins AVE # 803
(917)6931312 mare 04130 201. con	m Surfside, FL 33154
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Commissioner	applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a partisan office, check block and fi	Il 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 Marianne Meischeid	
11. Mailing Address	12. Telephone
9225 Collins Ave # 803	1917 1693.1312
13. City SVYFSide Miami-Dade FL	tate 16. Zip Code 17. E-mail address 33154 Mare 0413 @ 201. Com
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank SunTrust Bank	20. Address 9600 Collins Ave
21 City 22 County	23. State 24. Zip Code
Bal Harbour, Miami-Dade	
	HE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND RY AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date	26. Signature of Candidate
12.16.2021	X Mariane Heescheid
27. Treasurer's Acceptance of Appointmen	t (fill in the blanks and check the appropriate block)
1. Marianne Meischer	, do hereby accept the appointment
(Please Print or Type Name)	
(Please Print or Type Name) designated above as: Campaign Treasure	er Deputy Treasurer
	Aniann Reesshiel

CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Marianne Meischeid	OFFICE USE ONLY					
(2) ADD Collins AVE # 803	3					
Address (number and street) Surfside, MC 33154	JAN 4 PH 4:47					
City, State, Zip Code	(3) ID Number:					
(4) Check appropriate box(es):	(c) 12 Number.					
 (4) Check appropriate box(es). (4) Check appropriate box(es). (4) Check appropriate box(es). (4) Check here if PC or ECO has disbanded (4) Party Executive Committee (PC) (4) Party Executive Committee (PTY) (4) Check here if PC or ECO has disbanded (4) Check here if PTY has disbanded (4) Check here if no other IE or EC reports will be filed 						
	Identifiers					
Cover Period: From 1210112021 To	12 1 30 1 2021 Report Type: 2031 M12					
Original Amendment Spe	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$, ,	Monetary Expenditures \$,, <u>87</u> . <u>72</u>					
Loans \$,, <u>500</u> 00	Transfers to Office Account \$,,					
Total Monetary \$,, <i>SDJ</i> . <u>DD</u>	Total Monetary \$, <u>412</u> . 28					
In-Kind \$,,						
	(8) Other Distributions \$,,,					
(9) TOTAL Monetary Contributions To Date \$,, <i>500</i> 00	(10) TOTAL Monetary Expenditures To Date \$,, <u>877. 72</u>					
	tification on to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is true, corr						
(Type name) Marianne Meischeid ☐ Individual (only for IE Ireasurer ☐ Deputy Treasurer or electioneering comm.)	(Type name) Marianne Meischeid Candidate Chairperson (only for PC and PTY)					
X Marianne Reischeid Signature	Kharianne Heisskiel Signature					

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

JAN	4 pm	4:47
UTIC	NS	

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marianne Meischeid	(2) I.D. Number
-----------------------------	-----------------

(3) Cover Period $\frac{12}{2}$ | $\frac{01}{221}$ through $\frac{12}{2}$ | $\frac{36}{36}$ | $\frac{322}{222}$ (4) Page _____ of ____

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind	1	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
	Manianne Meische	ĺ	Shi			_	
12 121 1202	10 and 10 and		Store	101		ADD	\$ 500,00
	9225 Collins Ave	5-	ngr.	LUA		<i>w</i> .	JUIT
1	Age	P	Pamortoni				
	Narianne Meischer 9225 Collins Ave #805 Surfside, FL 33154		1- partini				
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DS-DE 13 (Rev. 11/1	13)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

	CAMPAIGN TREASURER'S REPORT SUMMARY							
1	(1) <u>Marianne Meischeid</u> Name	OFFICE USE ONLY						
	(2) 9225 Collins AVE # 803	JAN 4 AM11:33						
	Address (number and street)	R I						
	Surfside, FL 33154							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
	(4) Check appropriate box(es):							
	Candidate Office Sought: Commis	ssioner						
	 Political Committee (PC) Electioneering Communications Org. (ECO) 	Check here if PC or ECO has disbanded						
	Party Executive Committee (PTY)	Check here if PTY has disbanded						
	Independent Expenditure (IE) (also covers a individual making electioneering communication							
	individual making electioneening communication							
		Report Identifiers						
	Cover Period: From <u>12</u> 1 <u>01</u> 1 <u>203</u>	/ To /2 / 30 / 202 / Report Type; 202 / 1/12						
	S Original Amendment	Special Election Report						
	(6) Contributions This Report	(7) Expenditures This Report						
The second se	Cash & Checks \$,,	Monetary Expenditures \$,, 87.72						
Contraction of the second second	Loans \$, <u>500</u>	Transfers to Office Account \$, , O						
	Total Monetary \$, , 500. C							
		Total Monetary \$, ,4/2 . 28						
	In-Kind \$,,							
		(8) Other Distributions						
		\$,,						
	(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, ,500.00	\$, <u>87. 72</u>						
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)							
	I certify that I have examined this report and it is tr	ue, correct, and complete:						
	(Type name) Marianne, Meische	(Type name) Marjanne Meischeid						
	□ Individual (only for IE							
	Mariane Meischiel	Alarianne Messiheid						
	Signature	Śignature						

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS								
(1) Name Marianne Meischeid (2) I.D. Number								
	(3) Cover Period 12 101 12021 through 12 1 30 12021 (4) Page of							
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount		
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1 1								
1 1								
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/ /			.e.					
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1 1								
DS-DE 13 (Rev. 11	//13)	SEE REVERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES			



(1) Name	CAMPAIGN TREASURER'S RE		EXPENDIT 2) I.D. Number	URES	
+	d <u>/ / / / / / / / / / / / / / / / / / /</u>				
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
12 28 2 1	Sun Trust Bank 9600 Collins Ave Bal Harbour, FL 33154	Commissioner Checks for Candidate Account	CAN Ÿ		\$ 87.72
_/ /					
_/ /		х°.			
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//					
_/ /					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

PAID CAMPAIGN WOR	LECTIONS DEPARTMENT RKERS PARTICIPATING ACTIVITIES SUMMARY
Name Marianne Merscherb I.D. Number	OFFICE USE ONLY
Address (number and street) 9325 (Dollins Ave, 803 City, State, Zip Code SURPSIDE, FL 33154 CHECK IF ADDRESS HAS CHANGED	JAN 4 AM11:33
Candidate for: Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Su	 b-Area
REPORT IDE Report Name <u>2021 M12</u> Cover Period Report Type Original Amendment	
	ICATION son to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete. (Type name) Candidate
Signature	Signature



PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name Marianne Meischeid

(2) I.D. Number _ (3) Report Name $\frac{2021}{M12}$ (4) Cover Period $\frac{12}{01}\frac{3221}{3221}$ through $\frac{12}{30}\frac{30}{2021}$

/_ of _ /

(5) Report Type 🖾 Original 🛛 Amendment (6) Page _

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
			/	
			/	
<u></u>				
	N			
		-/		
	\frown			
		/		
1	/			

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

ionin of 30	RFSIDE, FLORIDA	JAN 18 AM 11;18
We the undersigned electors of the Town of Surfside, for the office of <u><i>Commissioner</i></u>	Florida, hereby nominate	ianne Meischeid
15, 2022.	(Mayor or Commissioner) at an	election to be held on March

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022(by 12:00pm).

Signature:	- 11/19/19
Print Name: Jordon Wachte	Date: 1/6/2022 D.O.B.
Signature: Shut	Address:
Print Nomes (Date: <u>1722</u> D.O.B.
Signature:	Address:
	Date: $O(/O7/P)$ D.O.B.
Print Name: Darcy M. Gu mercies	Address: 1
	Date: 1/7/21 D.O.B.
Sinnoise Achada II.	Address:
	Date: 1-8-11 D.O.B.
Print Name: JOYCE HINE Signature: D.I.I.I.I.	Address:
Print Name	Date: 1/9/2022 D.O.B.
LI NINDALL	Address:
Signature: <u>Man Johnson</u>	Date: 1/9/2122 D.O.B.
Print Name: MARY FRIDMAN	Address:
Signature:	Date: <u>1.9.22</u> D.O.B
Print Name: INA Part	Address:
Signature:	Date: 1-10-22 D.O.B.
Print Name: Jelty RAS Le	Address:
Signature:	Date: _1/10/22_ D.O.B
Print Name: SEAN KUND	Address:
Signature:	Date: <u>01-11-22</u> D.O.B.
Print Name: Shlomo Danzingen	Address:
Signature:	Date: <u>/-/1-2.7-</u> D.O.B.
Print Name: Charles Co	Address:
Signature: Marsi Starre	Date: /_/2-2 D.O.B.
Print Name: Mareni Starre	Address
	en and and and and and an and and
The undergraphed in the city of the second s	F CIRCULATOR
The undersigned is the circulator of the foregoing paper conta thereto was made in my presence and is the gapping size of	aining / 3 signatures. Each signature appended
thereto was made in my presence and is the genuine signatur	re of the person whose name it purports to be.
Signature of Circulator: Marianne He	uschie
Address of Circulator: 1225 Cellins AVE #	803 SURTSIDE, FL 33154
Email address of Circulator: mare 0413 0/30	l. com
I hereby accept the nomination of Mmi SSime	DF NOMINATION
Thereby accept the nomination of <u>Commissione</u> serve if elected.	(Mayor or Commissioner) and agree to
$(h - h^2)$	
Signature of Candidate:Marianne Meis	uchud Date: 1/2/2022

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, I	Florida, hereby nominate arianne Meischeid	ノ
for the office of <u>Commissioner</u>	(Mayor or Commissioner) at an election to be held on March	
15, 2022.	t an election to be held on watch	

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022(by 12:00pm).			
Signature:	Anor A. A.		
		O.B.	
Print Name:	Address:	matau and and a second s	
Signature:		O.B	
Print Name:	Koberto Hernandez-Aleade Address:		
Signature:	-10049 Date: <u>172/22</u> D.	0.B.	
Print Name:	Ludmila gova Address:	<u> </u>	
Signature: (15 Date: 1/3/22 D.	O.B.	
Print Name: 💆	Pamela Skordilis Address:		
Signature: 🧕	alt. Ming-l	0.B,	
Print Name: E	ESther Moore Address:		
Signaturo:	Hitel Charles Pater 1/3/1270		
Print Name: >	BACKAR CALLDERFECT Address:		
Signature:	Merry N-13-15 Date 1/2/2	0.B.	
Print Name.	JOANNA STEVENS Address:	U.D	
Signature:	Adda 7 Adda	D.B	
Print Name:	APA PAR AVANIN Address	······································	
Signature:	My hus Detailing	· · · · · · · · · · · · · · · · · ·	
Print Name:	Toll This	D.B	
Signature:	P A Tel Discourse and the second se		
	BRUNILDA EBA/NOSA Address:	D.B	
Signature:	Sea of Dana		
Print Name:	Date: <u>1/9/22</u> D.(D.B	
***************************************	Audress.	well-man the man	
Signature:	- Andrew - Achalha Date: 1-4-225.		
Print Name: (Cleoportra Skordilis Address:	·	
Signature:		D.B	
Print Name:	SPIROS SKORALIIS Address:		
STATEMENT OF CIRCULATOR			

thereto was made in my presence and is the genuine signature of the person whose name it purports to be

Marianne Meischeik

Signature	of	Candidate:	9

serve if elected.

Date: 1/4/2022

JAN 18 AM11:18

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY JAN 18 AM11:18

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NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside	Florida, hereby nominate Marianne Meischeid
for the office of <u>Commissioner</u>	(Mover or Commission and all and a literation of Conternet)
15, 2022.	(Mayor or Commissioner) at an election to be held on March

This petition must be filed with the Town Clerk be	tween January 10, 2022	and January 29, 2022(by 12:00pm). $Surf$	fşı
Signature:	Date 1/12	<u>Г</u> D.O.B.	33
Print Name: Jelena Petkonic	Address:	D.O.D	-
Signature:	Date:	D.O.B.	
Print Name:	Address:		-
Signature: Relact 13 Config	Date: 1/5	22 D.O.B.	-
Print Name: Rarge B Cortez	Address:		-
Signature:	Date:	D.O.B.	
Print Name:	Address:	5.0.5	-
Signature:	Date: 15	27 D.O.B.	
Print Name: / Felecia Mirabal	Address:		•
Signature:	Date:	D.O.B.	
Print Name:	Address:	0.0.0.	-
Signature://///////////////////////////////	Date: 15	22 D.O.B.	
Print Name: Girage F. M. (APul	Address:		-
Signature:	Date:	D.O.B.	kiiche:
Print Name:	Address:		-
Signature: flame Den		022 D.O.B.	
Print Name: DEANNE ROSEN	Address:		-
Signature: Kare	Date:	/22 D.O.B.	*******
Print Name: Rove Andersen	Address:	<u>, </u>	
Signature:	Date: Van 1	4/22 D.O.B.	
Print Name: FLORY RORDEN	Address:		
Signature:	Date:	D.O.B.	
Print Name:	Address:	0.0.0.	
Signature:	Date:	D.O.B.	
Print Name:	Address:	0.0.0.	

STATEMENT OF CIRCULATOR

thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator. 33154
Address of Circulator: 1027,5 Collins Ly. # 202 Bil 1/1.
Email address of Circulator: MALIE 194 (D) Live Som
ACCEPTANCE OF NOMINATION
I hereby accept the nomination of <u>Commissioner</u> (Mayor or Commissioner) and agree to serve if elected.
Signature of Candidate: Marine Musikid Date: 1/18/2022

. . . YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY JAN 18 AM11:18

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1.1

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside	Florida, hereby nominate Marianne Meischeid
for the office of <u>Commissioner</u>	(Mayor or Commissionary) at an it is it is it is it
15, 2022.	(Mayor or Commissioner) at an election to be held on March

This petition must be med with the Town Clerk between January 10, 2022 and January 29, 2022(by 12:00pm).

Solar Aller		, ,	
Signature: Matthew	Date:	1/12/002 D.O.B.	······································
Print Name: MICHAEL KARUKIN	Address:		2.
Signature: January Laruhi		1-12-22 D.O.B.	-
Print Name: ROSEMPRY KARUKIN	Address:	- <u></u> 0.0.D.	- · · · -
Signature: Marty S. Morse		1-13-22 D.O.B.	
Print Name: MAATY S MORSE	Address:		
Signature: Marca Elan	*** *** *** *** **** *********	11.7.22 D.O.B.	
Print Name: Maria E. Diaz	Address:		·
Signature: Raymund C Manuel	Date:	114 2 B.O.B.	
Print Name: RAY MONT C. MARWEL	Address	<u> </u>	
Signature: Beltrik He min and	Date:	1/14/22 DOB	···· · ··· · ··· · · · · · · · · · · ·
Print Name: BERNADBITE MARUEL	Addres	D.O.B.	
Signature:	Date:		I
Print Name:	Address:	D.O.B.	
Signature:	Date:		
Print Name:	Address:	D.O.B.	
Signature:	Date:		
Print Name:	Address:	D.O.B.	·
Signature:			
Print Name:		D.O.B.	
Signature:	Address:		***************************************
Print Name:	Date: _	D.O.B.	
Signature:	Address:		
Print Name:	Date: _	D.O.B.	
Signature:	Address:	1111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Print Name:	Date: _	D.O.B.	
	Address:	***************************************	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing _______ signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be

Signature of Circulator: Marian Kusiki	, para co co
Signature of Circulator: Marine Ruscheit Address of Circulator: 9225 Collins AV2, #803 SURFSIDE	FL 33154
Email address of Circulator: make 0413 @ 301. com	<u></u>
ACCEPTANCE OF NOMINATION	
I hereby accept the nomination of Commissioner	(Mayor or Commissioner) and agree to
Signature of Candidate: Maronne Meiochiel	Date: 1/18/2022

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY JAN 18 AM11:18

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, I	Florida, hereby nominate <u>Marianne</u> Meischeid (Mayor or Commissioner) at an election to be held on March
for the office of <u>Commissioner</u>	(Mayor or Commissioner) at an election to be held on March
15, 2022.	

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022(by 12:00pm).

······	
Signature:	Date: <u>1/3/22</u> D.O.B
Print Name: Dalia Velando-a	Sareign Address:
Signature: Oncor Fermine	Date: 1/4/22 D.O.B.
Print Name: DAISY FERNAN	Dez Address:
Signature: Ansao Korlel	Date: 01-04-2022 D.O.B.
Print Name: Amparo Korbe	Address:
Signature:	Date: 1/5/21 D.O.B.
Print Name: Beatiz Andre	
Signature:	Date: D.O.B
Print Name:	Address:
Signature:	Date: D.O.B
Print Name:	Address:
Signature:	Date: D.O.B
Print Name:	Address:
Signature:	Date: D.O.B
Print Name:	Address:
Signature:	Date: D.O.B
Print Name:	Address:
Signature:	D.O.B
Print Name:	Address:
Signature:	D.O.B
Print Name:	Address:
Signature:	D.O.B
Print Name:	Address:
Signature:	D.O.B
Print Name:	Address:

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing <u>4</u> signatures. Each signature appended
thereto was made in my presence and is the genuine signature of the person whose name it purports to be.
Signature of Circulator: Change Rall
Signature of Circulator: <u>1225</u> O. III M.S. AVR # 405 SUYFSIDR, FL 33154 Email address of Circulator: <u>Awnaro Koybel</u> @ 79400. COM ACCEPTANCE OF NOMINATION
Email address of Circulator: amparokovbe @ / anoo. Com
ACCEPTANCE OF NOMINATION
I hereby accept the nomination of <u>COmmissioner</u> (Mayor or Commissioner) and agree
serve if elected.
Signature of Candidate: Mariane Revelice Date: 1/18/2022

to

MARIANNE MEISCHEID CAMPAIGN ACCOUNT 9225 COLLINS AVE APT 803 MIAMI BEACH, FL 33154 1001 Jan 18, 2022 Termet Day to the order of Town of Surfside \$25.00 wenty Idollars 1 Bach Fears no 2 a 11/1/ SUNTRUST ACH RT 061000104 Moriene Meischild Fre ng

CANDIDATE OATH –	C ALL.
NONPARTISAN OFFICE	JAN 18 AM 11 Provide August
(Do not use this form if a Judicial or School Board Candidate)	Huter
Check box only if you are seeking to qualify as a write-in candidate:	
Write-in candidate	OFFICE USE ONLY
Candid	ate Oath
	(a), Florida Statutes)
1. Marianne Meischeid	,
	If your last name consists of two or more names but has no
hyphen, check box (see page 2 - Compound Last N Although a write-in candidate's name is not printed on the b	ames). No change can be made after the end of qualifying.
am a candidate for the nonpartisan office of	(Office), (District #)
(<i>Circuit #</i>), (<i>Group or Seat #</i>); I am a qualified elector of	Mizmi-Dade County, Florida;
I am qualified under the Constitution and the Laws of Florida	to hold the office to which I desire to be nominated or elected; I
have qualified for no other public office in the state, the term of	of which office or any part thereof runs concurrent with the office
I seek; and I have resigned from any office from which I am	required to resign pursuant to Section 99.012, Florida Statutes;
and I will support the Constitution of the United States and the	Constitution of the State of Florida.
Candidate's Florida Voter Registration Number (located on y	your voter information card):
Phonetic spelling for audio ballot: Print name phonetically	on the line below as you wish it to be pronounced on the audio
	ons on page 2 of this form): [Not applicable to write-in candidates.]
MARYANNE MISHID)
Marianne Theischild (917, 69	3-1312 mare 0413 @ 201. Com
Signature of Candidate Telephone Number	Email Address
9225 Collins Ave Surfsid	e NL 33154
Address City	State ZIP Code
STATE OF FLORIDA	Signature of Notary Public
COUNTY OF <u>Miami-Dade</u>	Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by means of	
online notarization OR physical presence	SANDRA MCCREADY MY COMMISSION # HH 140057
this <u>18</u> day of <u>January</u> , 20 <u>22</u> .	EXPIRES: May 4, 2023 Bonded Thru Notary Public Underwritters
Personally Known OR Produced Identification	
Type of Identification Produced: <u><i>PL</i></u> , <u><i>LD</i></u> , <u><i>CaPD</i></u> ,	·

DS-DE 302NP (Rev. 05/2021)



JAN 18 AM11:32

TOWN OF SURFSIDE MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 15, 2022

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA

COUNTY OF MIAMI-DADE }

}

}

TOWN OF SURFSIDE

A
I solemnly swear (or affirm) under oath, that my name is Marianne Meischeid
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 9225 Collins Ave, Unit 803, Surfside FL,
my occupation is Store Manager for Pampaloni; that I have been
a resident of the Town of Surfside since 2002 ; that I will be at least twenty-one (21) years of
age by January 29, 2022 and that if elected, I will willingly serve as <u>Commissioner</u>
(Mayor or Commissioner) of the Town of Surfside, if elected.

ischin arison Signature of Candidate Date

th Sworn to and subscribed before me this 18nuar day of 1 SANDRA MCCREADY MY COMMISSION # HH 140057 eal) EXPIRES: May 4, 2023 Bonded Thru Notary Public Underwriters PRINTED NAME OF NO

FORM 1	STATEM	IENT OF		2021	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	Γ	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE MEISCHEID			JAN 18 AM11:25		
MAILING ADDRESS: 9225 Collins	Ave, Unit St	53			
CITY:	33154 MIZI ZIP: COUNTY:	ni-Dad e			
NAME OF AGENCY	rsider				
NAME OF OFFICE OR POSITION HELD	OR SOUGHT :				
		RAPPOINTEE			
** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU				CEMBER 31, 2021.	
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE 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). CHECK THE ONE YOU ARE USING (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR					
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	OME [Major sources of income to	— <u> </u>			
NAME OF SOURCE OF INCOME	I SO	URCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
Pam paloni Corp	9513 Hardin	g Ave Surfside	Re	tail	
SAH	Wash, DC		SOE	al Security	
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					
NAME OF NAME OF MAJOR SOURCES ADDRESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE				PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NA	NA				
I PART C REAL PROPERTY [Land, bui (If you have nothing to repor	PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			I e not limited to the space on the on this form. Attach additional s, if necessary.	
MA	MA			G INSTRUCTIONS for when here to file this form are ed at the bottom of page 2.	
		this fo	CUCTIONS on who must file orm and how to fill it out on page 3.		

	AND THE REAL PROPERTY OF THE PARTY OF THE PA		
PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non	ocks, bonds, certific	ates	s of deposit, etc See instructions]
TYPE OF INTANGIBLE		E	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
TRA	LPL		
PART E — LIABILITIES [Major debts - See instruction:	sl	1. O.S.	
(If you have nothing to report, write "non			
NAME OF CREDITOR			ADDRESS OF CREDITOR
HELOC	Wells	:	Fargo
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	' or "n/a")		ns in certain types of businesses - See instructions] S ENTITY # 1 BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	NIA	-	BUSINESS ENTIT#2
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to c	, appointed school s complete annual eth	supe nics t	erintendents, and commissioners of a community redevelopment training pursuant to section 112.3142, F.S.
I CERTIFY THAT I	HAVE COMF	PLE	ETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE		ON	A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE OF FILE			CPA or ATTORNEY SIGNATURE ONLY
	.1		If a certified public accountant licensed under Chapter 473, or attorney
Signature:			in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:
Man - it in			I, prepared the CE
Marianne puschie		-	Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the
Date Signed:			disclosure herein is true and correct.
			CPA/Attorney Signature:
		Date Signed:	
FILING INSTRUCTIONS:			1
If you were mailed the form by the Commission on Et	hics or a County	Ca	andidates file this form together with their filing papers.
Supervisor of Elections for your annual disclosure form to that location. To determine what category you	filing, return the	ML	ULTIPLE FILING UNNECESSARY: A candidate who files a Form
under, see page 3 of instructions.	S 11	1 v or	with a qualifying officer is not required to file with the Commission Supervisor of Elections.
Local officers/employees file with the Supervis of the county in which they permanently reside.	(If you do not	Wh	HEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the
permanently reside in Florida, file with the Supervis where your agency has its headquarters.) Form 1 fil		dat	ate of his or her appointment or of the beginning of employment.
the Supervisor of Elections may file by mail or ema Supervisor of Elections for the mailing address or e	ail. Contact your mail address to	cor	ppointees who must be confirmed by the Senate must file prior to onfirmation, even if that is less than 30 days from the date of their parintment
use. <u>Do not email your form to the Commission on</u> returned.	Ethics, it will be		opointment. <i>andidates</i> must file at the same time they file their qualifying
State officers or specified state employees w	ho file with the	pa	apers.
Commission on Ethics may file by mail or email. send the completed form to P.O. Drawer 15709,	Tallahassee, FL		<i>hereafter</i> , file by July 1 following each calendar year in which they old their positions.
32317-5709; physical address: 325 John Knox Rd, I Tallahassee, FL 32303. To file with the Commission	n by email, scan	Fir	<i>inally</i> , file a final disclosure form (Form 1F) within 60 days of aving office or employment. Filing a CE Form 1F (Final Statement
your completed form and any attachments as a pdf other format), send it to CEForm1@leg.state.fl.us and	(do not use any	of I	Financial Interests) does not relieve the filer of filing a CE Form 1
for your records. Do not file by both mail and email. (11.11	the filer was in his or her position on December 31, 2021.

filing method. Form 6s will not be accepted via email.



Elections 2700 NW 87th Avenue Miami, Florida 33172

miamidade.gov

January 19, 2022

Sandra McCready, MPA, MMC Town Clerk Town of Surfside 9293 Harding Ave Surfside, FL 33154

Dear Mrs. McCready:

The Miami-Dade Elections Department has completed the verification of the petitions for Marianne Meischeid, a candidate for the office of Commissioner for Town of Surfside. A total of 28 petitions were reviewed for verification; of which 26 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerety

Christina White Supervisor of Elections

Enclosure (1)



Elections 2700 NW 87th Avenue Miami, Florida 33172

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that <u>26</u> signatures submitted by <u>Marianne Meischeid</u> for the office of <u>Commissioner</u> for the <u>Town of Surfside</u> matched the signatures on the voter files.

WITNESS MY HAND AND OFFICIAL SEAL, AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, ON THIS 19th DAY OF JANUARY, 2022

Christina White Supervisor of Elections





MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC, Town Clerk

January 20, 2022

Ms. Marianne Meischeid 9225 Collins Avenue # 803 Surfside, Fl 33154

Dear Ms. Meischeid:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 15, 2022 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very yours Sandra McCready, MPA, MMC Town

CAMPAIGN TREASURER'S REPORT SUMMARY		
(1) Marianne Meischeid	OFFICE USE ONLY	
Name (2) <u>9325 Collins Ave</u> , <u>#883</u> Address (number and street) <u>Svrfside</u> , <u>FL</u> <u>33154</u> City, State, Zip Code	FEB 10 AM10:04	
Check here if address has changed	(3) ID Number:	
(4) Check appropriate box(es):		
Candidate Office Sought: Commission Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed	
(5) Report		
Cover Period: From <u>01</u> 1 <u>01</u> 1 <u>2032</u> To	01 1 31 1 2022 Report Type: 2022 M1	
Original Amendment Spe	cial Election Report	
(6) Contributions This Report	(7) Expenditures This Report Monetary Expenditures \$,, 65.00	
Loans \$,,	Transfers to Office Account \$,,	
Total Monetary \$, In-Kind \$ 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Total Monetary \$,, <u>65.00</u>	
In-Kind ^{\$} , <u></u>	(8) Other Distributions \$,,	
(9) TOTAL Monetary Contributions To Date \$,, <u>500</u> , <u>00</u>	(10) TOTAL Monetary Expenditures To Date \$,, <u>/52 · _72</u>	
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)		
I certify that I have examined this report and it is true, corr (Type name) Marianne Meischeid Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	(Type name) Marianne Meischeid Candidate Chairperson (only for PC and PTY)	
Marianne Meischeik Signature	X Marianne Aceichice	

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

C	CAMPAIGN TREASU	RER'S	REPORT	- ITEMIZED			
(4) 21-11-	Marina Maira	l. d		(2)		310 AM10	A AND AND AND AND AND AND AND AND AND AN
•	Vanne Meisci						
(3) Cover Period	01 1 01 1 202	2 throu	gh <u>OL</u> /	3/ 1202	2 (4) Page		of
(5)	(7) Full Name		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Со Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1							
1 1				/			
1 1							
1 1		~					
· / /				~			.*
1 1							
1 1							
DS-DE 13 (Rev. 11/	13)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	1

FEB 10 AM10:05

(1) Name /// >	CAMPAIGN TREASURER'S REI rianne Meischeid	PORT – ITEMIZED	EXPENDIT 2) I.D. Number	URES	
(3) Cover Perio	d <u>01 101 13032</u> through <u>01 1</u>	31 12022 14) Page	/of	1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
01 18 22 1	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Commissioner Qualifying Fee	ĊAN		\$25.00
<i>01 19 22</i>	Miami Dade Elections Dept 2700 NW 37th AVE Miami, FL 33172	List og Registend Voters, Surfside			\$20.00
01 / 19 /22 3	Miami Dade Elections Dept 2700 NW 87th AVE MIAMI, FL 33172	List & Voters- By Mail, Sutts	e CAN		9,20,00
	-				
//	-				
/ /					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MIAMI-DADE COUNTY ELE PAID CAMPAIGN WORK IN ABSENTEE BALLOT A	CTIVITIES SUMMARY	
	OFFICE USE ONLY	
Name Marianne Meischeid I.D. Number	_	
Address (number and street) 9225 Collins Ave, # 803	FEB 10 AM10:05	
City, State, Zip Code SURFSIDE, FL 33154		
CHECK IF ADDRESS HAS CHANGED		
Candidate for: Mayor Commissioner, District <u>Surf.side</u> Property Appraiser Clerk of the Circuit Courts Community Council, Area, Sub	- -Area	
REPORT IDENTIFIERS Report Name 2022 M1 Cover Period 01/01/2022 through 01/31/2022 Report Type Image: Cover Period Image: Cover Period </td		
CERTIFI	CATION	
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.	on to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete.	
(Type name) Treasurer Deputy Treasurer	Marianne Meischeid (Type name) 🛛 Candidate	
X Marianne Heescheil Signature	Mariane Meischick Signature	
Signature		

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

, , , , , , , , , , , , , , , , , , ,	FEB 10 AM10:05
(1) Name Marianne Meisc	Aeid (2) I.D. Number
(3) Report Name 2022 M 1	(4) Cover Period 01/01/2022 through 01/31/2022

(4) Cover Period <u>Cried Inough</u>

(6) Page ______ of _____

(5) Report Type 🖾 Original 🔲 Amendment

(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
Number	(Lust, Guink, Friet, Ind.)			
		\uparrow		
<u> </u>				
		$\Lambda /$		

CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) <u>Mairianne Meischeid</u> Name	OFFICE USE ONLY					
(2) $\underline{9225} \underbrace{Collins Ave}_{Ave}, \underline{\# 903}$ Address (number and street) $\underline{Surfside}, FL 33154$ City, State, Zip Code						
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):						
 ✓ Candidate Office Sought: Commissioner Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 						
(5) Report	Identifiers					
	02 1 17 1 2022 Report Type 25 P1 ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,,,,	Monetary Expenditures \$,, <u>32</u>					
Loans \$,,	Transfers to Office Account \$,,					
Total Monetary \$, _O In-Kind \$, Ø	Total Monetary \$,, <u>395</u> . <u>3</u> 2					
	(8) Other Distributions \$,,					
(9) TOTAL Monetary Contributions To Date \$,, 66912	(10) TOTAL Monetary Expenditures To Date \$,, 54804					
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, correct, and complete: (Type name) (Type name) Individual (only for IE or electioneering comm.) Treasurer (Type name)						
Mariane Muschuid	* Marianne Meinhich Signature					

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS								
(1) Name Marianne Meischeid (2) I.D. Number 18 AH11:51								
(3) Cover Period	02101 12033	throu	gh 02 1	17 1202	2 (4) Page		of _/	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount	
	City, State, Zip Code Meridian Westu Go II Cairn Ter Bethesta, MD 20817	В	Architectu,				\$ 500	
02,04,22 2	Maliha Ahmad 3554 W. 86# Ter Hialeab, FL 33018	I		CHE			\$19,12	
52,10,22 3	MeridianWest 6011 Cairn Ter Bethesda, MD20817	В	ArcAitectu	^e CHE	2		\$500	
<i>02, 11, 22</i> 4	Orlando Carrillo 2920 Garden Dr. Cooper City,FL 3302	T		CHE			\$100	
5	R. Falace Surfside 2665 S. Bayshore Dr. Co conut Grove, FL 23133	В	Realtor	CHE			\$950	
07,15,22 6	Rodolfo Kellerman Elizabeth C. Justice 9655 E. Bay Harber Dr. Bay Harber Islands FL 33154	I		CHE			\$100	
1 1	33154							
DS-DE 13 (Rev. 11/	13)	SEE RE	VERSE FOR	NSTRUCTIONS	AND CODE VAL	UES	2169	

\$ 2169.12

FEB 18 AM11:51

Cover Perio	d <u>02 01 22</u> through <u>02 </u>	17122 14) Page	of	_/
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1)2107132	Signalama 1798 N.E. 163 St. N. Miami Beach, FL 33162	20-yard signs	CAN		\$200
2 <u> 11 22</u> 2	Insight Marketing + PR 3554 W. SOM Tervace Hialeah, FL 33018	ivebsite	CAN		\$375
2/11/22 3	Custom Ink 18153 Biscayne BNd Aventura, FC 33160	T-shirts	CAN		\$518.66
12/11/22 4	Next Day Hyers 435 N. Midland Ave Saddlebrook Ng 09663	Business Cards	CAN		\$ (78,79
12/13/22 5	Next Day Flyers 435 N. Midland Saddle brook, NG 6766 3	Stickers 2×6	CAN		\$96.29
02 <u> 14 </u> 22 6	Speedy Buttons Plainview, MN 55964	Bu Hons	ĊAN		\$125.70
52/04/22	Go Fund Me	Fee Maliha Ahord	CAN		\$.88
	_				

MIAMI-DADE COUNTY ELE PAID CAMPAIGN WORK IN ABSENTEE BALLOT A	ERSPARTICIPATING					
Name Marianne Meischeid I.D. Nymber	- FEB 18 AM11:51					
Address (number and street) 9325 Collins Ave, #803						
City, State, Zip Code SURFSICK, FL 33154	_					
CHECK IF ADDRESS HAS CHANGED						
Candidate for:						
Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Sub	-Area					
REPORT IDENTIFIERS						
Report Name <u>25P1</u> Cover Period	02/01/2022 through 03/17/2022					
Report Type 🖾 Original 🛛 Amendment						
CERTIFICATION						
It is a first degree misdemeanor for any personal l certify that I have examined this report and it is true, correct, and complete.	correct, and complete.					
Marianne Meischeid (Type name) I Treasurer Deputy Treasurer	(Type name) & Candidate					
x Marianne Meischeib	X Marianne Meischeid Signature					
Signature						

-

.....

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	Marianne Meisch	eid	FEB 18 AM 11: (2) I.D. Number	in the second se
(3) Report N	Name 25 P1	(4) Cover Period	02/01/2022 through 02/1	7/2022
			_/of/	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
		/		
				~
1		N		
- State				
		/		
/				

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY								
 (1) <u>Maname Meischer</u> (2) <u>9335 Collins AVC, #803</u> Address (number and street) <u>Surfside, FC 33154</u> City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): 	OFFICE USE ONLY MAR 3 AM10:41 (3) ID Number:							
individual making electioneering communications)	 ☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 							
	Identifiers							
Cover Period: From $O_{-1}^{-1} O_{-1}^{-1} O_{-1}^{-$								
	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$,,, <u>170</u> 0	Monetary Expenditures \$,, <u>395. 32</u>							
Loans \$,,	Transfers to Office Account \$,,,							
Total Monetary \$	Total Monetary \$,/, <u>395</u> . <u>32</u>							
	(8) Other Distributions \$,,							
(9) TOTAL Monetary Contributions To Date \$,2, <u>670</u> .00	(10) TOTAL Monetary Expenditures To Date \$,/, <u>548</u> . <u>04</u>							
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
I certify that I have examined this report and it is true, correct, and complete:								
(Type name) Marianne Meischerd	(Type name Mariannelleischerd							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
Marianne Muscheid	Martin Meischeik							
Signature Signature								

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS							
(1) Name Marianne Meischeid (2)						R 3 AM10:	41
(3) Cover Period 02 101 1200 through 02 117 12002 (4) Page of							
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
02104122 1	Merid ian West Lic 60 11 Cairn Ter Bethesda, MD 20817	B.	Archi teop	CHE			9 <i>500,0</i> 0
07 04,22 2	Maliha Ahmad 3554 W. 86 Ter Hialeah, FC33018	T		CHE			\$ 20.00
	Meridian West 60 II Ca irn Ter Bethesda, MD 20817	В.	Architech	CHE			\$500,00
02,11,122 4	Ov lando Carrillo 2920 Gavden DV. Cooper City, FI330	I v		CHÉ			4100.00
03-114-122 5	R.B.L.C. Surfside UC 2665 S. Bayshno Dr. Coconut Grove Ft 3333	В	Realtor	0 <i>HE</i>			\$ 950.æ
6	Coconut Grove Fly33 Rodol to Kellerm 27 Elizabeth (. Justice 9655 E. Baytarbor Baytarbor Islants Fl 33154	I		CHE			\$100,00
1 1	53154						
					AND CODE VAL	1155	

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DS-DE 13 (Rev. 11/13)

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SEE REVERSE FOR INSTRUC

CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY						
 (1) <u>Marianne Meischeib</u> Name (2) <u>1325 Collins Ave #-803</u> Address (number and street) <u>Surfside</u>, FL 33154 City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: <u>Commission</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 	OFFICE USE ONLY NHR4 '22 1453PM (3) ID Number: Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed						
	Identifiers						
Cover Period: From 02 / 18 12022 To							
(6) Contributions This Report Cash & Checks \$,3,0000	(7) Expenditures This Report Monetary Expenditures \$, _2, 9178. 03						
Loans \$	Transfers to Office Account \$,,						
	(8) Other Distributions \$,,,						
(9) TOTAL Monetary Contributions To Date \$,5_, <u>770</u> 00	(10) TOTAL Monetary Expenditures To Date \$,4, <u>526</u> . <u>07</u>						
It is a first degree misdemeanor for any pers	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, corr (Type name) (Type name) ((Type name) (Jar) and Meischeid Candidate Chairperson (Only for PC and PTY)						
Mariane Meischief Signature	<u>x Marine Reischiel</u> Signature						

SEE REVERSE FOR INSTRUCTIONS

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name <u>/////</u>	rianne Meische	il		(2)	I.D. Number	MAR4 '22	1:53P%
	02 1 18 12000		gh <u>03</u> 1	031202	ス (4) Page		of
(5) Date	(7) Fuli Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	С Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
02 , 18 , 2022 1	Jose Ignacio Rivero 8601 SW 87th Cf. Miami, FL 33173	4	Realtov	CHE			\$1,000
2 2 2 1 2 1 202	Willizm Lederer 1901 Walnut St.#Mp Phila, PA 19103	I		CHÉ			\$100
02,22 2023 3	Linden D. Nelson 3737 Collins, PH3 Miami Beach, FZ 33140	I	Investor	CHE			\$1,000
02 1 27 12022	Cecilis De Zarraga Rivero 8601 SW 874 Ct. Mizmi, FL 33193	I	Re2/tor	CHE			\$1,000
1 1							
1 1							
1 1							
DS-DE 13 (Rev. 11/	 13)	SEE R	EVERSE FOR	INSTRUCTION	S AND CODE VA	LUES	\$3100.

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\$2978.03

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) Cover Period	02 1/8 12022 through 03 1	<u>0312022</u> (4) Page /	of	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
	Next Day Hyers 43s N. Midland Saddlebrook, NG 07663	Hyers	CAN		\$ 649.9
2 22 2022	Custom Ink 1815 3 Biscayne Blvd Aventura FL 33160	T-Shirts	CAN		\$510,0
2 83 8022	Go Fund Me	Fee William Lederer	CAN		\$ 3.20
72 / 25/20-72	Signarama 1498 N.E. 1631 St. N. Miami Beach, FL 33162	Sig 73-20	CAN		\$356.2
2 128 13022	Tarzdel/Eddm Services 4840 Cox Rd. 115 Glen Allen, VA 23060	Mailers	CAN		\$1557.
/ /					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY						
Name Marianne Meischeid I.D. Number	OFFICE USE ONLY					
Address (number and street) 9225 Collins Ave, #803 City, State, Zip Code Surfside, FL 33154 CHECK IF ADDRESS HAS CHANGED	MAR4 '22 1*53PM					
Candidate for: Image: Mayor Image: Commissioner, District Image: Commissioner, District Image: Community Council, Area Image: Community Council, Area						
1						
	CATION					
It is a first degree misdemeanor for any personal it is a first degree misdemeanor for any personal it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete. Mahiahne Meischeid (Type name)					
X Marianne Meischeik Signature	X Marianne Meischeik Signature					

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name 🗡	Mariame Meische	eid	(2) I.D. Number	
(3) Report N	lame/ [<i>P</i> [(4) Cover Period	<u> 02 /18/2022</u> through <u>0.3/0</u>	3/2022
(5) Report T	Type 🕅 Original 🛛 Amendment	(6) Page	02 /18/2032 through <u>0,3/0</u> of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendmen Type
		N		
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			2	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT SUMMARY					
 (1) <u>Marianne Meischeid</u> Name (2) <u>9335</u> Collins Ave, #803 Address (number and street) <u>Surfside, FL 33154</u> City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): December 2000 - Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) 	OFFICE USE ONLY MAR 11 AM11:58 (3) ID Number:				
individual making electioneering communications) (5) Report Cover Period: From 03 1 04 1 2022 To	Identifiers 03 1 10 12022 Report Type: P4/				
Original Amendment Spe	ecial Election Report				
(6) Contributions This Report Cash & Checks \$	(7) Expenditures This Report Monetary Expenditures \$				
, <u> </u> , <u> </u> , <u> </u>	(8) Other Distributions \$,,				
(9) TOTAL Monetary Contributions To Date \$, 6,770.00	(10) TOTAL Monetary Expenditures To Date \$,4_, 71867				
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete: (Type name)////////////////////////////////////					

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS MAR 11 AM11:58						:58	
(1) Name	Arianne Meisc	chei	d	(2)			
	03104122						of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
	David E Simon Jacqueline S. Simon PO Box 17033 Indianapolis In 46207		Self- Employed				\$1,000
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1 1							
DS-DE 13 (Rev. 11/	13)	SEE RE	EVERSE FOR	INSTRUCTIONS	AND CODE VAI	UES	\$1000

\$ 1,000.

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Cover Period	d 03 104 122 through 3 1	10 1001 (4) Page/_	0	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
3/10/22 1	Sign-A.Rama 1798 NE 163rd St. North Mismi Beach, FL 33162	15-Signs	CAN		\$192.60
/ /	9725 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				-
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PAID CAMPAIGN WOR	LECTIONS DEPARTMENT RKERS PARTICIPATING ACTIVITIES SUMMARY						
Name Marianne Meischeid	OFFICE USE ONLY						
I.D. Number	MAR 11 AM11:58						
Address (number and street) 1825 Collins Ave, #803							
City, State, Zip Code Surfside, FL 33154							
CHECK IF ADDRESS HAS CHANGED							
Candidate for:	Candidate for:						
Mayor Commissioner, District <u>Surfside</u> Property Appraiser Clerk of the Circuit Courts Community Council, Area, Su	b-Area						
REPORT IDE	NTIFIERS						
Report Name PH / Cover Period	03/04/2022 through 03/10/2022						
Report Type Original Amendment							
	ICATION						
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete. Mailanne Meischeid (Type name)						
(Type name) Treasurer Deputy Treasurer	Mariane Preuchiel						
Signature	Signature						

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MAR	11	QM L	1 :	10
2.22 EP.P	with solve	1		

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



	is report must be filed by applicable ca ARTANNE MEISCHEI	d.		
Depart	Ima PEFI	(4) Cover Period	03/04/2022 through 03/1	0 /2022
Report 7		(6) Page/	of	
(7) Row umber	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11)
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		AV		
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CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Marianne Meischeid	OFFICE USE ONLY				
(2) 9325 Collins Ave, #803 Address (number and street) Surfside, FL 33154 City, State, Zip Code	— MAY 27 ам11:36 — ЯМС (3) ID Number:				
Check here if address has changed	(5) 10 Hambert				
 (4) Check appropriate box(es): ^I Candidate Office Sought: Commissioner ^I Political Committee (PC) Electioneering Communications Org. (ECO) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 					
(5) Report	Identifiers				
Cover Period: From 02 1 18 1 3022 To	03 03 2022 Report Type: 77 P.1 ecial Election Report				
Original Amendment Spe					
(6) Contributions This Report Cash & Checks \$	(7) Expenditures this Report Monetary Expenditures $, \underline{2}, \underline{98^{\prime}7}, \underline{02} $				
Loans \$,,	Transfers to Office Account \$,,,				
Total Monetary \$,,	Total Monetary \$,,, <u>2,987.02</u>				
In-Kind \$,,	(8) Other Distributions \$,,				
(9) TOTAL Monetary Contributions To Date \$5, <u>7'70</u> .00	(10) TOTAL Monetary Expenditures To Date \$,4, <u>535</u> .06				
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
the state of the second this report and it is true, correct, and complete:					
(Type name) <u>Mavia nme</u> <u>Meischeid</u> Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	(Type name) Marianne Meischeid ⊠ Candidate □ Chairperson (only for PC and PTY)				
Marianne Merscheit	Marian Meischiel Signature				
Signature	SEE REVERSE FOR INSTRUCTIONS				

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MAY 27 AM11:36

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(1) Name Marianne Meischeid (2) I.D. Number (3) Cover Period 02 118 132 through 03 103 122 (4) Page of							
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount		
02/15/32 1	Next Day Hyers 435N. midland Saddle brook, Ng 07663	Flyers	CAN		\$649.97		
<i>121222</i> 2	Custom Ink 18153 Biscayne Blud Aventura, FL 33160	T-Shirts	CAN		¢510.60		
גב ןגבן די שיש אבר איין דיין	"Go Fund Me" William Lederer	Fee	CAN		\$3.20		
02 <i>j25 j22</i> 4	Sigh A Rama 1998 N.E. 163rd St. N. Miami Beach FL 1 33162	20-5ighs	CAN	#365.79	2		
62 28 22 5	Tava 1 1/-11 Canding	Mailers	CAN		\$ 1557.4e		
/ /							
/ /							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES $(\ddagger 2978, 0378, 93) \rightarrow b$

\$ 2987.02

CAMPAIGN TREASURER'S REPORT SUMMARY						
	OFFICE USE ONLY					
(1) Marianne Meischeid						
(2) 9225 Collins Ave, # 803	МАУ 27 АМ11:36					
Address (number and street) Surfside, FL 33154	SAAC					
City, State, Zip Code	(3) ID Number:					
Check here if address has changed						
 (4) Check appropriate box(es): Candidate Office Sought: Commission Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 	Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed					
(5) Report	Identifiers					
Cover Period: From 03 1 04 1 2022 To	03 1 10 1 2022 Report Type: 77 1					
Original Amendment Spe	(7) Expenditures This Report					
(6) Contributions This Report						
Cash & Checks \$,, 000 · _00	Monetary Expenditures \$,, <u>199</u> .34					
Loans \$,, _O	Transfers to Office Account \$,, _O					
Total Monetary \$,,	Total Monetary \$,, <u>199</u> .34					
In-Kind \$,,	(8) Other Distributions \$,,					
(9) TOTAL Monetary Contributions To Date \$,, <u></u> , <u></u> 00	(10) TOTAL Monetary Expenditures To Date \$, <u>4</u> , <u>734</u> . <u>40</u>					
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, con (Type name) Matianne Meischeib Individual (only for IE or electioneering comm.)	(Type name) Marianne. Meischeid Candidate □ Chairperson (only for PC and PTY)					
X Marine Meischiet Signature	Signature SEE REVERSE FOR INSTRUCTIONS					

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MAY 27 AM 11:36

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	CAMPAIGN TREASURER'S REI tranne Merscherd d 03 1 04122 through 3 1		I) Page/	of	/
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
22 01 ² 2 	Sign-A-Rama 1798 NE 163rd St. North Miami Beach FL 33162	15 - Signs	CAN	\$ 199.34	
//					
/ /					
1.1					

\$199.34

CAMPAIGN TREASURER	'S REPORT SUMMARY
4	OFFICE USE ONLY
(1) Marianne Meischeid	
(2) 9225 Collins Ave #803	MAY 27 AM11:36
Address (number and street)	AA
SUFFSIDE, FL 33154	- $2/10$
City, State, Zip Code	(3) ID Number:
Check here if address has changed	(3) 15 Hambor
(4) Check appropriate box(es):	imer
(4) Check appropriate box(es). A Candidate Office Sought: <u>Commiss</u>	
	Check here if PC or ECO has disbanded Check here if PTY has disbanded
Party Executive Committee (PTY)	Check here if no other IE or EC reports will be filed
Independent Expenditure (IE) (also covers an individual making electioneering communications)	
(n) Den ert l	dentifiers
(5) Report of Cover Period: From <u>03</u> 1 <u>11</u> 1 <u>303</u> 2 To	01. 1 D91 202 7 Report Type: 18 TRG
Cover Period: From $\underline{03}1$ $\underline{11}1$ $\underline{9031}10$	cial Election Report
Criginal Amendment Spec	This Poport
(6) Contributions This Report	
	Monetary Expenditures \$,2, <u>0.35</u> . <u>60</u>
Cash & Checks \$,,,	· · · · · · · · · · · · · · · · · · ·
Loans \$, , <u>0</u>	Transfers to
	Office Account \$,,
Total Monetary \$,,	Total Monetary \$, 2,035.60
In-Kind \$,,	(8) Other Distributions
	\$,
	(10) TOTAL Monetary Expenditures To Date
(9) TOTAL Monetary Contributions To Date	\$, <u>6</u> , <u>770</u> . <u>00</u>
\$,, <u>770.00</u>	
(11) Cert	tification
It is a first degree misdemeanor for any pers	in to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, corr	rect, and complete.
(Type name) Mariame Meischeid	(Type name) <u>Triample Meischer</u> Triample Meischer
☐ Individual (only for IE or electioneering comm.)	Candidate Chairperson (only for PC and PTT)
	Min Mainsheik
* Marianne Theischeid	Signature
Signature	SIGNATURE SEE REVERSE FOR INSTRUCTIONS

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MAY 27 AM11:37

) Cover Perio	d 03 1 11 1 22 through 06	09 1 22 1	1) Page	/of	1
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3 14 22 	Joshua's Deli 9517 Harding Ave Surfside, FL 33154	Food for Election Day	CAN		\$171.45
3 114/22 2	Rolling Pin Bakery 9523 Harding Ave Surfside, FL 33154	Food for Election Day	CAN		\$35.75-
: <u>3 115/22</u> 3	Publics 9400 Harding Ave Surfside, FL 33154	Food for Election Day	CAN		\$ 114.57
<u>3 121122</u> 4	Insight Marketing +PR 3554 W. 86th Terr 200 Hilleah, FL 33018	Marketing	CAN		\$ 375.00
3 <u> 2 2</u> 2 5	Marianne Meischeid 9225 Collins Ave 803 Surfside, FL 33154	Repay	CAN		^{\$} 500,00
+ 115122	Wix.Com	Monthey Nebsite	CAN		\$19.00
Anda, angan an		Monthly Website	CAN		\$ 19.00
- 120/ 22	National MS Societz PO BOX 91891 Hach. D.C. 20090-1891	501 C(3) Non-profit Of	g CAN		\$900.83

2035.60

\mathcal{I}	(1) Name Marianne Meischeid (2) I.D. Number							
		31/1122						
	(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
	(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Сс Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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	1 1							
	1 1							
\sim	DS-DE 13 (Rev. 11/	13)	SEE RI	EVERSE FOR	INSTRUCTION	S AND CODE VAI	LUES	

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY						
Name Marianne Meischeid I.D. Number	MAY 27 AM11:37					
Address (number and street) 2225 Collins Ave, Unit 803 City, State, Zip Code Surfside FL 33154 CHECK IF ADDRESS HAS CHANGED						
Candidate for: Mayor Commissioner, District <u>Swrfside</u> Property Appraiser Clerk of the Circuit Courts Community Council, Area, Sub	 o-Area					
REPORT IDENTIFIERS Report Name 18 TRG Cover Period 3/11/2032 through 6/9/2022 Report Type Original Amendment						
	CATION on to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete. Marianne Meischeid (Type name) I candidate Manimut Meischeid Signature					

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

In In . A · I			MRT ZTHMII.OT			
(1) Name	Varianne Meische	210	(2) I.D. Number	1.		
(3) Report N	lame <u>18 TRG</u>	(4) Cover Period	(2) I.D. Number 3/11/202 2 through	6/9/22		
(5) Report	Type 🕅 Original 🛛 Amendment	(6) Page/	of	/		
(7)	(8)	(9)	(10) Name of Organization Employed By			
Row Number	Full Name (Last, Suffix, First, Middle)	Employed By	(if not directly hired by campaign)	Туре		
	Ν					
	, MJ					
	NUT					
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