

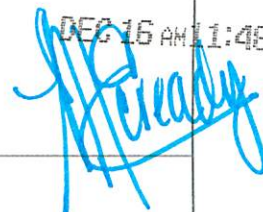
**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

DEC 16 AM 11:48



I, Marianne Meisheid,

candidate for the office of Commissioner;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Marianne Meisheid

Signature of Candidate

12/13/2021

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).

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.

DEC 16 AM 11:48

DEC 16 AM 11:48



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)

Marianne Meiseheid

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

9225 Collins Ave #803

4. Telephone

(917) 693-1312

5. E-mail address

mare0413@aol.com

Surfside, FL 33154

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

Commissioner

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

Marianne Meiseheid

11. Mailing Address

9225 Collins Ave #803

12. Telephone

917 693-1312

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

mare0413@aol.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

12-16-2021

26. Signature of Candidate

Marianne Meiseheid

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

I, Marianne Meiseheid, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer

12-16-2021
Date

Marianne Meiseheid
Signature of Campaign Treasurer or Deputy Treasurer

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.

DEC 17 AM 11:02
[Handwritten Signature]

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)

Marianne Meisheid

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

*9225 Collins Ave, #803
Surfside, FL 33154*

4. Telephone

(917) 693-1312

5. E-mail address

mare0413@aol.com

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

Commissioner

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

Amparo Korbel

11. Mailing Address

9225 Collins Ave, #405

12. Telephone

()

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

amparokorbel@yahoo.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

12/16/2021

26. Signature of Candidate

X Marianne Meisheid

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

I, *Amparo Korbel*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

12/16/2021

Date

X Amparo Korbel

Signature of Campaign Treasurer or Deputy Treasurer

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.

DEC 16 AM 11:48

DEC 16 AM 11:48

DEC 21 PM 12:03 [Handwritten signature]

[Handwritten signature]

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

[X] Initial Filing of Form Re-filing to Change: [] Treasurer/Deputy [] Depository [] Office [] Party

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

Marianne Meiseheid

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

9225 Collins Ave #803 Surfside, FL 33154

4. Telephone

(917) 693-1312

5. E-mail address

mare0413@aol.com

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

Commissioner

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 [X] Campaign Treasurer [] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Marianne Meiseheid

11. Mailing Address

9225 Collins Ave #803

12. Telephone

(917) 693-1312

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

mare0413@aol.com

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

19. Name of Bank

SunTrust Bank

20. Address

9600 Collins Ave

21. City

Bal Harbour

22. County

Miami-Dade

23. State

FL

24. Zip Code

33154

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

12-16-2021

26. Signature of Candidate

[X] Marianne Meiseheid

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

I, Marianne Meiseheid, do hereby accept the appointment (Please Print or Type Name)

designated above as: [X] Campaign Treasurer [] Deputy Treasurer

12-16-2021 Date

[X] Marianne Meiseheid Signature of Campaign Treasurer or Deputy Treasurer

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marianne Meisheid
 Name
 (2) 9225 Collins Ave # 803
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

JAN 4 PM 4:47

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 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 12 / 01 / 2021 To 12 / 30 / 2021 Report Type: 2021 M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 500.00

Total Monetary \$ _____ , _____ , 500.00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 87.72

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 412.28

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 500.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 87.72

(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 Meisheid

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Marianne Meisheid

Signature

(Type name) Marianne Meisheid

Candidate Chairperson (only for PC and PTY)

Marianne Meisheid

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marianne Meisheid (2) I.D. Number _____

(3) Cover Period 12 / 01 / 2021 through 12 / 30 / 2021 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
12 / 21 / 2021 1	Marianne Meisheid 9225 Collins Ave #803 Surfside, FL 33154	I	Store Mgr. Pampaloni	LOA		ADD	\$500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marianne Meiseheid
Name

(2) 9225 Collins Ave #803
Address (number and street)
Surfside, FL 33154
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

JAN 4 AM 11:28

(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 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 12 / 01 / 2021 To 12 / 30 / 2021 Report Type: 2021 M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 500.00

Total Monetary \$ _____ , _____ , 500.00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 87.72

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 412.28

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 500.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 87.72

(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 Meiseheid

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Marianne Meiseheid
Signature

(Type name) Marianne Meiseheid

Candidate Chairperson (only for PC and PTY)

Marianne Meiseheid
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS



JAN 4 AM 11:33

(1) Name Marianne Meischeid

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 2021 through 12 / 30 / 2021

(4) Page 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation	Type	Description		
/ /	<i>NONE</i>						
/ /							
/ /							
/ /							
/ /							



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Marianne Meischeid (2) I.D. Number _____
 (3) Cover Period 12 / 01 / 2021 through 12 / 30 / 2021 (4) Page 1 of 1

(5) Date	(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
12/28/21	Sun Trust Bank 9600 Collins Ave Bal Harbour, FL 33154	Commissioner Checks for "Candidate Account"	CAN		\$87.72
1					
/ /					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Marianne Meischeid

I.D. Number

Address (number and street)

9325 Collins Ave, 803

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 4 AM 11:33

Candidate for:

Mayor

Commissioner, District Surfside

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2021 M12 Cover Period 12/01/2021 through 12/30/2021

Report Type Original Amendment

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.

Marianne Meischeid

(Type name) Treasurer Deputy Treasurer

X Marianne Meischeid

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Candidate

X

Signature

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

2

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

JAN 18 AM 11:18

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Marianne Meischke
for the office of Commissioner (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: <u>[Signature]</u>	Date: <u>1/6/2022</u>	D.O.B.:
Print Name: <u>Jordan Wachtel</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-7-22</u>	D.O.B.:
Print Name: <u>LAWRENCE SHEETEL</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>01/07/22</u>	D.O.B.:
Print Name: <u>Darcy M. Gummars</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/7/21</u>	D.O.B.:
Print Name: <u>Adam C Butler</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-8-22</u>	D.O.B.:
Print Name: <u>JOYCE HINE</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/9/2022</u>	D.O.B.:
Print Name: <u>Durcell Anderson</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/9/2022</u>	D.O.B.:
Print Name: <u>MARY FRIDMAN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-9-22</u>	D.O.B.:
Print Name: <u>Lina Paul</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-10-22</u>	D.O.B.:
Print Name: <u>Jelly R. Weig</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/10/22</u>	D.O.B.:
Print Name: <u>SEAN KUND</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>01-11-22</u>	D.O.B.:
Print Name: <u>Shlomo Danzinger</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-11-22</u>	D.O.B.:
Print Name: <u>Charles Col</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-12-21</u>	D.O.B.:
Print Name: <u>Mareni Starre</u>	Address:	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 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: Marianne Meischke
Address of Circulator: 9235 Collins Ave, #803 Surfside, FL 33154
Email address of Circulator: mare0413@aol.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: Marianne Meischke Date: 1/12/2022

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

1

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

JAN 18 AM 11:18

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Marianne Meischeid
for the office of Commissioner (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: <u>[Signature]</u>	Date: <u>12/24/21</u>	D.O.B. _____
Print Name: <u>YURI FRIDMAN</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>1-2-22</u>	D.O.B. _____
Print Name: <u>Roberto Hernandez-Aleade</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>1/2/22</u>	D.O.B. _____
Print Name: <u>Ludmila Boyd</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>1/3/22</u>	D.O.B. _____
Print Name: <u>Pamela Skordilis</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>1-3-22</u>	D.O.B. _____
Print Name: <u>ESTHER MOORE</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>1/3/22</u>	D.O.B. _____
Print Name: <u>[Name]</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>1/3/21</u>	D.O.B. _____
Print Name: <u>JOANNA STEVENS</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>1/3/22</u>	D.O.B. _____
Print Name: <u>Helen A. Yaris</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>1/4/2022</u>	D.O.B. _____
Print Name: <u>John Robert</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>01/24/2022</u>	D.O.B. _____
Print Name: <u>BRUNILDA ESPINOSA</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>1/4/22</u>	D.O.B. _____
Print Name: <u>[Name]</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>1-4-22</u>	D.O.B. _____
Print Name: <u>Cleopatra Skordilis</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>01-4-22</u>	D.O.B. _____
Print Name: <u>SPIROS SKORDILIS</u>	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 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: Marianne Meischeid
Address of Circulator: 9225 Collins Ave, #803, Surfside, FL 33154
Email address of Circulator: mare0413@aol.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: Marianne Meischeid Date: 1/4/2022

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
 PLEASE SIGN AND PRINT YOUR NAME CLEARLY JAN 18 AM 11:18

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Marianne Meisheid
 for the office of Commissioner (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). *Surfside FL 33154*

Signature:	Date: <u>1/4/22</u>	D.O.B.:
Print Name: <u>Jelena Petkovic</u>	Address:	
Signature:	Date:	D.O.B.:
Print Name:	Address:	
Signature:	Date: <u>1/5/22</u>	D.O.B.:
Print Name: <u>Rafael B Cortez</u>	Address:	
Signature:	Date:	D.O.B.:
Print Name:	Address:	
Signature:	Date: <u>1/3/22</u>	D.O.B.:
Print Name: <u>Feleda Mirabal</u>	Address:	
Signature:	Date:	D.O.B.:
Print Name:	Address:	
Signature:	Date: <u>1/5/22</u>	D.O.B.:
Print Name: <u>George F. Mirabal</u>	Address:	
Signature:	Date:	D.O.B.:
Print Name:	Address:	
Signature:	Date: <u>1/7/2022</u>	D.O.B.:
Print Name: <u>JEANNE ROSEN</u>	Address:	
Signature:	Date: <u>1/13/22</u>	D.O.B.:
Print Name: <u>Rose Andersen</u>	Address:	
Signature:	Date: <u>Jan 14/22</u>	D.O.B.:
Print Name: <u>FLORY BORDEN</u>	Address:	
Signature:	Date:	D.O.B.:
Print Name:	Address:	
Signature:	Date:	D.O.B.:
Print Name:	Address:	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 7 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:

Address of Circulator: 10275 Collins Ave # 202 Bal Harbor *33154*

Email address of Circulator: marie194@live.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: Marianne Meisheid 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 AM 11:18

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Marianne Meisheid
 for the office of Commissioner (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: <u>[Signature]</u>	Date: <u>1/12/2022</u>	D.O.B.:
Print Name: <u>MICHAEL KARUKIN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-12-22</u>	D.O.B.:
Print Name: <u>ROSEMARY KARUKIN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-13-22</u>	D.O.B.:
Print Name: <u>MADY S. MORSE</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1-17-22</u>	D.O.B.:
Print Name: <u>MARIA E. DIAZ</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/14/22</u>	D.O.B.:
Print Name: <u>RAYMOND C. MARVEL</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>1/14/22</u>	D.O.B.:
Print Name: <u>BERNADETTE MARVEL</u>	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: _____	Date: _____	D.O.B.:
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B.:
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 6 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: [Signature]
 Address of Circulator: 9225 Collins Ave, #803 Surfside, FL 33154
 Email address of Circulator: mare.0413@aol.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] 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 AM 11:18

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 Commissioner (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: <u>[Signature]</u>	Date: <u>1/3/22</u> D.O.B. _____
Print Name: <u>Dalia Velando-Garciga</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/4/22</u> D.O.B. _____
Print Name: <u>DAISY FERNANDEZ</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>01-04-2022</u> D.O.B. _____
Print Name: <u>Amparo Korbel</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/5/22</u> D.O.B. _____
Print Name: <u>Beatriz Andre</u>	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: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 4 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: [Signature]
Address of Circulator: 9225 Collins Ave #405 Surfside, FL 33154
Email address of Circulator: amparokorbel@yahoo.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: Marianne Meischeid Date: 1/18/2022


MARIANNE MEISCHEID

CAMPAIGN ACCOUNT
9225 COLLINS AVE APT 803
MIAMI BEACH, FL 33154

1001


Jan 18, 2022 SECURED BY E2B-HELIX

Pay to the order of Town of Surfside \$25.00
Twenty-five and — no cents dollars


SUNTRUST
for Qualifying Fee

ACH RT 061000104

Marianne Meischid

 Security Features
Indicate
Details on Back

**CANDIDATE OATH -
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

JAN 18 AM 11:27

Sandra McCreedy

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Marianne Meisheid,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Commissioner, _____,
(Office) (District #)

_____ ; I am a qualified elector of Miami-Dade County, Florida;
(Circuit #) (Group or Seat #)

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 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 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 ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

MARYANNE MEISHID

Marianne Meisheid (917) 693-1312 mare0413@201.com
Signature of Candidate Telephone Number Email Address

9225 Collins Ave, Surtside _____ FL 33154
Address City State ZIP Code

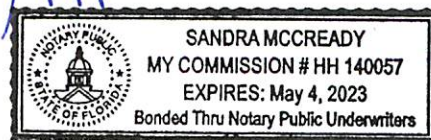
STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 18th day of January, 2022.

Personally Known OR Produced Identification
Type of Identification Produced: FL ID CARD

Sandra McCreedy
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:





JAN 18 AM 11:32

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 }

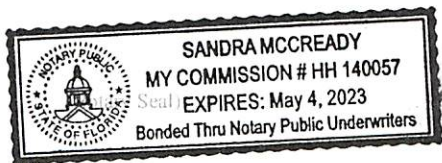
COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Marianne Meiseheid 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 Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Marianne Meiseheid 1/18/2022
Signature of Candidate Date

Sworn to and subscribed before me this 18th day of January, 20 22.



Sandra N. McCreedy
NOTARY PUBLIC
Sandra N. McCreedy
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2021

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MEISCHEID, MARIANNE

JAN 18 AM 11:25

MAILING ADDRESS:

9825 Collins Ave, Unit 803

Surfside 33154 Miami-Dade

CITY: ZIP: COUNTY:

Town of Surfside

NAME OF AGENCY:

Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 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 DOLLAR VALUE THRESHOLDS

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Pam paloni Corp	9513 Harding Ave Surfside	Retail
SAA	Wash, DC	Social 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 BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

N/A

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

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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	LPL

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
HELOC	Wells Fargo

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
		N/A
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, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:



Date Signed:



CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.



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 Meischheid, 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.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White".

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 26 signatures submitted by Marianne Meischeid for the office of Commissioner for the Town of Surfside 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

A handwritten signature in blue ink, appearing to be "Christina White", written over a horizontal line.

Christina White
Supervisor of Elections



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

January 20, 2022

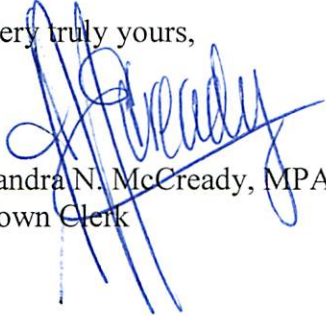
Ms. Marianne Meischeid
9225 Collins Avenue # 803
Surfside, FL 33154

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 truly yours,


Sandra N. McCready, MPA, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marianne Meisheid
 Name
 (2) 9225 Collins Ave, #803
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

FEB 10 AM 10:04

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) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 01 / 2022 To 01 / 31 / 2022 Report Type: 2022 MI

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 65.00

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 65.00

(8) Other Distributions

\$ _____ , _____ , 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 500.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 152.72

(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 Meisheid

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Marianne Meisheid
 Signature

(Type name) Marianne Meisheid

Candidate Chairperson (only for PC and PTY)

Marianne Meisheid
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 10 AM 10:05

(1) Name Marlaine Meischeid (2) I.D. Number _____

(3) Cover Period 01 / 01 / 2022 through 01 / 31 / 2022 (4) Page 1 of 1

(5) Date	(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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Marianne Meisheid (2) I.D. Number _____
 (3) Cover Period 01/01/2022 through 01/31/2022 (4) Page 1 of 1

(5) Date	(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	CAN		\$25.00
01/19/22 2	Miami Dade Elections Dept 2700 NW 87th Ave Miami, FL 33172	List of Registered Voters, Surfside	CAN		\$20.00
01/19/22 3	Miami Dade Elections Dept 2700 NW 87th Ave Miami, FL 33172	List of Voters - By Mail, Surfside	CAN		\$20.00
1/1					
1/1					
1/1					
1/1					
1/1					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Marianne Meischeid

I.D. Number

Address (number and street)

9225 Collins Ave, # 803

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 10 AM 10:05

Candidate for:

Mayor

Commissioner, District Surfside

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 Original Amendment

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.

Marianne Meischeid

(Type name) Treasurer Deputy Treasurer

X Marianne Meischeid

Signature

I certify that I have examined this report and it is true, correct, and complete.

Marianne Meischeid

(Type name) Candidate

X Marianne Meischeid

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marianne Meischeid
 Name
 (2) 9225 Collins Ave, # 803
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

FEB 18 AM 11:51

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 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 02 / 01 / 2022 To 02 / 17 / 2022 Report Type 25PI

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 2,169.12

Loans \$ _____, _____, 0.

Total Monetary \$ _____, _____, 0.

In-Kind \$ _____, _____, 0.

(7) Expenditures This Report

Monetary Expenditures \$ _____, 1,395.32

Transfers to Office Account \$ _____, _____, 0.

Total Monetary \$ _____, 1,395.32

(8) Other Distributions

\$ _____, _____, 0.

(9) TOTAL Monetary Contributions To Date

\$ _____, 2,669.12

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1,548.04

(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 Meischeid

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Marianne Meischeid

Candidate Chairperson (only for PC and PTY)

Marianne Meischeid
 Signature

Marianne Meischeid
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Marianne Meischeid

(2) I.D. Number FEB 18 AM 11:51

(3) Cover Period 02 / 01 / 2022 through 02 / 17 / 2022

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
02 / 04 / 22 1	Meridian West LLC 6011 Cairn Ter Bethesda, MD 20817	B	Architecture	CHE			\$500
02 / 04 / 22 2	Maliha Ahmad 3554 W. 86th Ter Hialeah, FL 33018	I		CHE			\$19.12
02 / 10 / 22 3	Meridian West LLC 6011 Cairn Ter Bethesda, MD 20817	B	Architecture	CHE			\$500
02 / 11 / 22 4	Orlando Carrillo 2920 Garden Dr. Cooper City, FL 33026	I		CHE			\$100
02 / 14 / 22 5	R. Palace Surfside LLC 2665 S. Bayshore Dr. Coconut Grove, FL 33133	B	Realtor	CHE			\$950
02 / 15 / 22 6	Rodolfo Kellerman Elizabeth C. Justice 9655 E. Bay Harbor Dr. Apt 65 Bay Harbor Islands, FL 33154	I		CHE			\$100
1 1							

\$2169.12

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Marianne Meisheid (2) I.D. Number _____
 (3) Cover Period 02/01/22 through 02/17/22 (4) Page 1 of 1

(5) Date	(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
02/07/22 1	Signatama 1798 N.E. 163 St. N. Miami Beach, FL 33162	20-yard signs	CAN		\$200
02/11/22 2	Insight Marketing + PR 3554 W. 80th Terrace Hialeah, FL 33018	website	CAN		\$375
02/11/22 3	Custom Ink 18153 Biscayne Blvd Aventura, FL 33160	T-shirts	CAN		\$518.66
02/11/22 4	Next Day Flyers 435 N. Midland Ave Saddlebrook, NJ 07663	Business cards	CAN		\$178.79
02/13/22 5	Next Day Flyers 435 N. Midland Saddlebrook, NJ 07663	Stickers 2x6	CAN		\$96.29
02/14/22 6	Speedy Buttons Plainview, MN 55964	Buttons	CAN		\$125.70
02/04/22	Go Fund Me	Fee Malibu Ahead	CAN		\$.88
11					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Marianne Meischeid

I.D. Number _____

Address (number and street)
9225 Collins Ave, #803

City, State, Zip Code
Surfside, FL 33154

FEB 18 AM 11:51

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 25P1 Cover Period 02/01/2022 through 02/17/2022

Report Type Original Amendment

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.

Marianne Meischeid
(Type name) Treasurer Deputy Treasurer

X Marianne Meischeid

Signature

I certify that I have examined this report and it is true, correct, and complete.

Marianne Meischeid
(Type name) Candidate

X Marianne Meischeid

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marianne Meischerd
Name

(2) 9225 Collins Ave, #803
Address (number and street)

Surfside, FL 33154
City, State, Zip Code

OFFICE USE ONLY
MAR 3 AM 10:41

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 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 02 / 01 / 2022 To 02 / 17 / 2022 Report Type: 25 P 1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , 2 , 170 . 00

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1 , 395 . 32

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , 1 , 395 . 32

(8) Other Distributions

\$ _____ , _____ , 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 670 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 548 . 04

(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

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Marianne Meischerd
Signature

(Type name) Marianne Meischerd

Candidate Chairperson (only for PC and PTY)

Marianne Meischerd
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 3 AM 10:41

(1) Name Marianne Meischeid

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 2022 through 02 / 17 / 2022 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
02:04:22 1	Meridian West LLC 6011 Cairn Ter Bethesda, MD 20817	B	Architect	CHE			\$500.00
02:04:22 2	Malika Ahmad 3554 W. 86 Ter Hialeah, FL 33018	I		CHE			\$20.00
02:10:22 3	Meridian West 6011 Cairn Ter Bethesda, MD 20817	B	Architect	CHE			\$500.00
02:11:22 4	Orlando Carrillo 2920 Garden Dr. Cooper City, FL 33026	I		CHE			\$100.00
02:14:22 5	R. Blace Surfside LLC 2665 S. Bayshore Dr. Coconut Grove, FL 33133	B	Realtor	CHE			\$950.00
02:15:22 6	Rodolfo Kellerman Elizabeth C. Justice 9655 E. Bay Harbor Dr. Bay Harbor Islands, FL 33154	I		CHE			\$100.00
1							

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marianne Meischeid
 Name
 (2) 9225 Collins Ave, #803
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR4 '22 1:53PM

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 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 02 / 18 / 2022 To 03 / 03 / 2022 Report Type: 11 P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 3,100 . 00

Loans \$, , 0 .

Total Monetary \$, , 0 .

In-Kind \$, , 0 .

(7) Expenditures This Report

Monetary Expenditures \$, 2,978 . 03

Transfers to Office Account \$, , 0 .

Total Monetary \$, 2,978 . 03

(8) Other Distributions

\$, , 0 .

(9) TOTAL Monetary Contributions To Date

\$, 5,770 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 4,526 . 07

(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 Meischeid

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Marianne Meischeid

Candidate Chairperson (only for PC and PTY)

Marianne Meischeid
 Signature

Marianne Meischeid
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Marianne Meischeid

(2) I.D. Number NAR4 '22 1:53PM

(3) Cover Period 02/18/2022 through 03/03/2022 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
02/18/2022 1	Jose Ignacio Rivero 8601 SW 87th Ct. Miami, FL 33173	I	Realtor	CHE			\$1,000
02/22/2022 2	William Leberer 1901 Walnut St #198 Phila, PA 19103	I		CHE			\$100
02/22/2022 3	Linden D. Nelson 3737 Collins, PH 3 Miami Beach, FL 33140	I	Investor	CHE			\$1,000
02/22/2022 1 1	Cecilia De Zarraga Rivero 8601 SW 87th Ct. Miami, FL 33173	I	Realtor	CHE			\$1,000
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Marianne Meischel (2) I.D. Number _____
 (3) Cover Period 02/15/2022 through 03/03/2022 (4) Page 1 of 1

(5) Date	(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
02/15/2022	Next Day Flyers 435 N. Midland Saddlebrook, NJ 07663	Flyers	CAN		\$ 649.97
02/22/2022	Custom Ink 18153 Biscayne Blvd Aventura, FL 33160	T-Shirts	CAN		\$510.60
02/22/2022	Go Fund Me	Fee (William Lederer)	CAN		\$ 3.20
02/25/2022	Signarama 1798 N.E. 163rd St. N. Miami Beach, FL 33162	Sigs-20	CAN		\$256.80
02/28/2022	Taradel/Eddm Services 4840 Cox Rd. 115 Glen Allen, VA 23060	Mailers	CAN		\$1557.46
11					
11					
11					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

MAR4 '22 1:53PM

Name

Marianne Meisheid

I.D. Number

Address (number and street)

9025 Collins Ave, #803

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

Mayor

Commissioner, District

Surfside

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11 P1

Cover Period 02/18/2022 through 03/03/2022

Report Type Original Amendment

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.

Marianne Meisheid

(Type name) Treasurer Deputy Treasurer

I certify that I have examined this report and it is true, correct, and complete.

Marianne Meisheid

(Type name) Candidate

X Marianne Meisheid

Signature

X Marianne Meisheid

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marianne Meischeid
 Name
 (2) 9225 Collins Ave, #803
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 11 AM 11:58

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 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 / 04 / 2022 To 03 / 10 / 2022 Report Type: P41

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 1,000. 00

Loans \$ _____, 0. _____

Total Monetary \$ _____, 0. _____

In-Kind \$ _____, 0. _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 192. 60

Transfers to Office Account \$ _____, 0. _____

Total Monetary \$ _____, 192. 60

(8) Other Distributions

\$ _____, 0. _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 6,770. 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 4,718. 67

(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 Meischeid
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Marianne Meischeid
 Candidate Chairperson (only for PC and PTY)

Marianne Meischeid
 Signature

Marianne Meischeid
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 11 AM 11:58

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

(3) Cover Period 03 / 04 / 22 through 03 / 10 / 22 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
03 / 04 / 22 1	David E Simon Jacqueline S. Simon PO Box 17033 Indianapolis, IN 46207		Self- Employed	CHE			\$1,000
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

\$1,000.

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Marianne Meischeid (2) I.D. Number _____
 (3) Cover Period 03 10 22 through 3 10 22 (4) Page 1 of 1

(5) Date	(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	Sigra A. Ramz 1798 WE 163rd St North Miami Beach, FL 33162	15- Signs	CAN		\$192.60
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/ /					

\$192.60

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Marianne Meischer

I.D. Number

Address (number and street)

9225 Collins Ave, #803

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR 11 AM 11:58

Candidate for:

Mayor

Commissioner, District Surfside

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name PH1 Cover Period 03/04/2022 through 03/10/2022

Report Type Original Amendment

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.

Marianne Meischer

(Type name) Treasurer Deputy Treasurer

I certify that I have examined this report and it is true, correct, and complete.

Marianne Meischer

(Type name) Candidate

X Marianne Meischer

Signature

X Marianne Meischer

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marianne Meisheid

Name

(2) 9225 Collins Ave, #803

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

MAY 27 AM 11:36

SMC

(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 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 02 / 18 / 2022 To 03 / 03 / 2022 Report Type: 11 P 1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 3,100.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 2,987.02

Transfers to Office Account \$ 0.00

Total Monetary \$ 2,987.02

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 5,770.00

(10) TOTAL Monetary Expenditures To Date

\$ 4,535.06

(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 Meisheid

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Marianne Meisheid
Signature

(Type name) Marianne Meisheid

Candidate Chairperson (only for PC and PTY)

Marianne Meisheid
Signature

SEE REVERSE FOR INSTRUCTIONS

11 P 1

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Marianne Meischoed (2) I.D. Number _____
 (3) Cover Period 02/18/22 through 03/03/22 (4) Page 1 of 1

(5) Date	(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
02/15/22 1	Next Day Flyers 435 N. Midland Saddle Brook, NJ 07663	Flyers	CAN		\$649.97
02/22/22 2	Custom Ink 18153 Biscayne Blvd Aventura, FL 33160	T-shirts	CAN		\$510.60
02/22/22 3	"Go Fund Me" William Lederer	Fee	CAN		\$3.20
02/25/22 4	Sign A Rama 1799 N.E. 163rd St. N. Miami Beach, FL 33162	20-signs	CAN		\$265.79
02/28/22 5	Taradel/Eddm Services 4840 Cox Rd. 115 Glen Allen, VA 23060	Mailers	CAN		\$1557.46
11					
11					
11					

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

MAY 27 AM 11:36

SMC

(1) Marianne Meischeid
 Name
 (2) 9225 Collins Ave, #803
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

(3) ID Number: _____

Check here if address has changed

(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 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 / 04 / 2022 To 03 / 10 / 2022 Report Type: 4 P 1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,000.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 199.34

Transfers to Office Account \$ 0.00

Total Monetary \$ 199.34

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 6,770.00

(10) TOTAL Monetary Expenditures To Date

\$ 4,734.40

(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 Meischeid

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Marianne Meischeid

Candidate Chairperson (only for PC and PTY)

Marianne Meischeid
 Signature

Marianne Meischeid
 Signature

4 P 1

MAY 27 AM 11:36

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Marianne Meisheid (2) I.D. Number _____

(3) Cover Period 03/04/22 through 03/10/22 (4) Page 1 of 1

(5) Date	(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
03/10/22	Sign-A-Rama 1798 NE 163rd St. North Miami Beach, FL 33162	15-Signs	CAN		\$199.34
1					
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1/1					

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

MAY 27 AM 11:36

SMEC

(1) Marianne Meischeid
Name

(2) 9225 Collins Ave. #803
Address (number and street)

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 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 / 11 / 2022 To 06 / 09 / 2022 Report Type: 18 TRG

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 2,035 . 60

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , 2,035 . 60

(8) Other Distributions

\$ _____ , _____ , 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 6,770 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 6,770 . 00

(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 Meischeid

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Marianne Meischeid

Candidate Chairperson (only for PC and PTY)

Marianne Meischeid
Signature

Marianne Meischeid
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Marianne Meisheid

(2) ID Number

(3) Cover Period 03/11/22 through 06/09/22

(4) Page 1 of 1

(5) Date	(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
3/14/22 1	Joshua's Deli 9517 Harding Ave Surfside, FL 33154	Food for Election Day	CAN		\$71.45 ✓
3/14/22 2	Rolling Pin Bakery 9523 Harding Ave Surfside, FL 33154	Food for Election Day	CAN		\$35.75 ✓
3/15/22 3	Dublies 9400 Harding Ave Surfside, FL 33154	Food for Election Day	CAN		\$114.57 ✓
3/21/22 4	Insight Marketing + PR 3554 W. 86th Terr 2ce Hialeah, FL 33018	Marketing	CAN		\$375.00 ✓
3/21/22 5	Marianne Meisheid 9325 Collins Ave 803 Surfside, FL 33154	Repay LOAN	CAN		\$500.00 ✓
4/15/22	Wix.Com	Monthly Website	CAN		\$19.00 ✓
5/15/22	Wix.Com	Monthly Website	CAN		\$19.00 ✓
5/20/22	National MS Society PO Box 91891 Ash. D.C. 20090-1891	501c(3) Non-profit Org DONATION	CAN		\$900.83 ✓

\$ 2035.60 ✓

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marianne Meisheid

(2) I.D. Number MAY 27 AM 11:37

(3) Cover Period 3 / 11 / 22 through 06 / 09 / 22

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /							
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/ /							
/ /							

NO

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Marianne Meischeid

I.D. Number

Address (number and street)

9225 Collins Ave, Unit 803

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

MAY 27 AM 11:37

Candidate for:

Mayor

Commissioner, District Surfside

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 18 TRG Cover Period 3/11/2022 through 6/9/2022

Report Type Original Amendment

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.

Marianne Meischeid
(Type name) Treasurer Deputy Treasurer

I certify that I have examined this report and it is true, correct, and complete.

Marianne Meischeid
(Type name) Candidate

Marianne Meischeid
Signature

Marianne Meischeid
Signature

