

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

07-13-12P01:56 RCVD

*Sandra Noraw*

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

*Meredith Gray Beattie*

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

*9149 Collins Ave, #110  
Surfside, FL 33154*

4. Telephone

*(305) 906-0377*

5. E-mail address

*mbeattie@gmail.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

*Meredith Gray Beattie*

11. Mailing Address

*9149 Collins Ave, #110, Surfside, FL*

12. Telephone

*(305) 906-0377*

13. City

*Surfside*

14. County

*Miami-Dade*

15. State

*FL*

16. Zip Code

*33154*

17. E-mail address

*mbeattie@gmail.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

*7/13/12*

26. Signature of Candidate

*X Meredith Gray Beattie*

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

I, *Meredith Gray Beattie*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*7/13/12*  
Date

*X Meredith Gray Beattie*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

07-13-12P01:56 RCVD

*Sandra Norman*

I, Meredith Gray Beattie,  
candidate for the office of Commissioner;

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

X

*Meredith Gray Beattie*  
Signature of Candidate

7/13/12  
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).



07-13-12P02:01 RCVD

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

**GENERAL ELECTION – AUGUST 28, 2012**

**RECEIPT OF DOCUMENTS**

Candidate:

Meredith

Gray

Beattie

First Name

Middle Name

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.:

305, 906. 0377

Fax No.:

Cell Phone:

same

E-Mail Address:

mbeattie@gmail.com

This is to acknowledge my receipt of the following documents:

- Election Laws of the State of Florida (September 2011)
- Candidate and Campaign Treasurer Handbook (November 2011)
- Town of Surfside Ordinance Regarding Temporary Political Signs
- Miami Dade County Ordinance Regarding Political Signs
- Reporting Dates Schedule
- Town of Surfside Ordinance No. 2008-1493

Received by:

Meredith Gray Beattie  
Candidate Signature

Date:

7/13/12



**CANDIDATE OATH –  
NONPARTISAN OFFICE**

07-24-12A10:21 RCVD

(Not for use by Judicial or  
School Board Candidates)

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Meredith Beattie  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Commissioner, \_\_\_\_\_,  
(office) (district #)

\_\_\_\_\_, \_\_\_\_\_; I am a qualified elector of \_\_\_\_\_ 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.

X Meredith Beattie (305) 906 0377 mbeattie2012@gmail.com  
Signature of Candidate Telephone Number Email Address

9149 Collins Ave, #110 Surfside FL 33154  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 110321424

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):  
\_\_\_\_\_

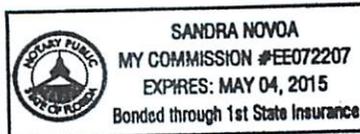
STATE OF FLORIDA  
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 24<sup>th</sup> day of July, 20 12.

Personally Known: \_\_\_\_\_ or \_\_\_\_\_

Produced Identification: DL

Type of Identification Produced: B300-547-79-674-0



[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME :

Beattie Meredith Gray

MAILING ADDRESS :

9149 Collins Ave #110

Surfside, FL 33154 Miami-Dade

CITY : ZIP : COUNTY :

Surfside, FL 33154 Miami-Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner

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

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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

DISCLOSURE PERIOD:

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

DECEMBER 31, 2011 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (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 p. 4]

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City of Miami	444 SW 2nd Ave, Miami 33130	local government
City Year Miami	44 W. Flagler St, Miami 33130	nonprofit
BEL Group	9149 Collins Ave, #110 Surfside 33154	nonprofit consulting

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
MB BEZ none			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4]

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

none

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

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

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

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]  
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
none	

**PART E — LIABILITIES** [Major debts - See instructions p. 5]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Virginia Credit Union	Virginia Credit Union PO Box 90010, Richmond VA 23225
Netnet	PO Box 82561, Lincoln, NE 68501-2561

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions p. 5]  
(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	none		
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			

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

**SIGNATURE (required):**

**DATE SIGNED (required):**

Meredith Zeuthen

7/24/12

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

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

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

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

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

**WHERE TO FILE:**

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

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

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

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

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

**Facsimiles will not be accepted.**

**WHEN TO FILE:**

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

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

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

*Finally*, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

**DECLARATION  
FOR CANDIDATES COVERED BY THE MANDATORY PROVISION OF THE  
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

The mandatory practices of Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for the Miami-Dade County and Rescue Service District Board; candidates and their respective campaign staffs for Miami-Dade Community Councils and candidates and their respective campaign staffs for any elective municipal elective office in Miami-Dade County. Furthermore, any candidate for public office in Miami-Dade County as described in the preceding sentence may at any time declare that he or she agrees to abide by the Statement of Fair Campaign Practices.

I, Meredith Beattie, a candidate for the office of Commissioner, agree to abide by the voluntary fair campaign practices as provided in Section 2-11.1.1(D)(1), of the Code of Miami-Dade County and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the statement of fair campaign practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

The Statement of Fair Campaign Practices is enumerated below:

1. I shall not make my race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
2. I shall not make my opponents' race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability or sexual orientation.
4. I shall not without just cause attack or question my opponent's patriotism.
5. I shall not publish, display or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group, which resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and position on issues of public concern.

8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.

Meredith Beatty  
Signature

7/22/12  
Date

PLEASE FILE A COPY OF THIS FORM WITH THE MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST AND THE MIAMI-DADE SUPERVISOR OF ELECTIONS.

Miami-Dade Commission on Ethics  
19 West Flagler Street  
Suite 220  
Miami, FL 33130

Miami-Dade Supervisor of Elections  
2700 N.W. 87th Avenue  
Doral, Florida 33172

New P.O. Box #:  
P.O.Box 521550  
Miami, Florida 33152-1550

For further information contact Miami Dade Elections Department, Public Services at 305-499-8400

07-24-12A10:09 RCVD

MEREDITH G. BEATTIE  
CAMPAIGN ACCOUNT OF

63-8413  
2670 41744

164

DATE 7/24/12

PAY TO THE ORDER OF Town of Surfside

\$ 25.00

Twenty five dollars

DOLLARS  Security Features Included. Details on Back.



JPMorgan Chase Bank, N.A.  
www.Chase.com

MEMO Qualifying Fee

Meredith Beattie

MP

⑆ 26 7084 13 ⑆

478274736⑈0164



## Town of Surfside

9293 Harding Avenue  
Surfside, FL 33154

### 2012 SPECIAL ELECTION QUALIFYING PACKET

Name of Candidate Meredith Beattie  
 Office Sought Commissioner  
 Phone No.:                      Cell Phone No: 305-900-0377  
 E-Mail Address: mbeattie2012@gmail.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>7/13/2012</u>	<u>MB</u>
Nominating Petition	<u>7/24/2012</u>	<u>MB</u>
Statement of Candidate	<u>7/13/2012</u>	<u>MB</u>
Sworn Statement of Qualification	<u>7/24/2012</u>	<u>MB</u>
Candidate Oath	<u>7/24/2012</u>	<u>MB</u>
Form 1 – Statement of Financial Interest (2011)	<u>7/24/2012</u>	<u>MB</u>
Declaration for Candidate Automatically Covered by MDC Ordinance 98-94 or Declaration for Candidates Not Automatically Covered by MDC Ordinance 98-94	<u>7/24/2012</u>	<u>MB</u>
Qualifying Fee \$25.00	<u>7/24/2012</u>	<u>MB</u>

Proof of Residency  
& ~~Voter Registration~~

2. Important Dates to Remember

7/24/2012      MP3  
7/13/2012      MP3  
7/24/2012      C



**TOWN OF SURFSIDE**  
**Office of the Town Clerk**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, CMC, Town Clerk

July 24, 2012

Ms. Michelle G. McClain  
Assistant Deputy Supervisor, Voter Services  
Miami Dade County Elections  
2700 NW 87<sup>th</sup> Avenue  
Miami, FL 33172

**RE: VERIFICATION OF PETITION SIGNATURES – MEREDITH BEATTIE**

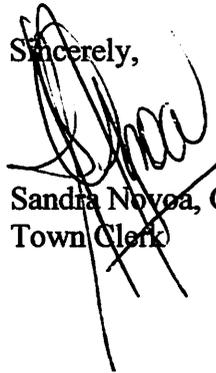
Dear Ms. McClain,

Enclosed are original petition forms for MEREDITH BEATTIE who seeks to qualify as a candidate for Commissioner in the Town of Surfside, August 28, 2012 Special Municipal Election. The Town Charter, under section 101 requires verification of twenty-five signatures for each candidate. Ms. Beattie announced his candidacy on Friday, July 13, 2012.

Charter section 101 requires the Town Clerk to notify the candidate and the person who filed the petition whether or not it is found to be signed by the required number of qualified electors within five (5) days after filing petition.

Please return the original petition forms to my office with your certification of the signatures.

Sincerely,



Sandra Novoa, CMC  
Town Clerk

\* The addresses of the signatories have been redacted for this online version

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, Florida, hereby nominate Meredith Gray Beattie for the office of Commissioner (Mayor or Commissioner) at an election to be held on August 28, 2012.

This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty five days prior to the election.

Signature: <u>[Signature]</u>	Date: <u>JULY 14 2012</u>	Voters Reg. # _____
Print Name: <u>Bandi Becker</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>JULY 14, 2012</u>	Voters Reg. # _____
Print Name: <u>James Baker</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/14/12</u>	Voters Reg. # _____
Print Name: <u>Andrew Elbourn</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/14/12</u>	Voters Reg. # _____
Print Name: <u>Lisa Elbourn</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/14/12</u>	Voters Reg. # _____
Print Name: <u>Christopher Louvet</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/22/12</u>	Voters Reg. # _____
Print Name: <u>SHEILA THOMPSON</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/22/12</u>	Voters Reg. # _____
Print Name: <u>JUNE KNOTT</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/22/12</u>	Voters Reg. # _____
Print Name: <u>Frank Doyle</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/22/12</u>	Voters Reg. # _____
Print Name: <u>Ellen Abramson</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/22/12</u>	Voters Reg. # _____
Print Name: <u>Pete Ray</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/22</u>	Voters Reg. # _____
Print Name: <u>P. H. McEl</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/22/12</u>	Voters Reg. # _____
Print Name: <u>S.G. Leban</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/22</u>	Voters Reg. # _____
Print Name: <u>Danielle Klein</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: Meredith Beattie  
Address of Circulator: 9149 Collins Ave #110, Surfside FL 33154  
Email address of Circulator: mbeattie2002@gmail.com

#### ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: Meredith Beattie Date: 7/22/12

07-24-12 10:11 RCVD

\* The addresses of the signatories have been redacted for this online version

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, Florida, hereby nominate Meredith Gray Beattie for the office of Commissioner (Mayor or Commissioner) at an election to be held on August 28, 2012.

This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty five days prior to the election.

Signature: <u>[Signature]</u>	Date: <u>7-22-12</u> Voters Reg. # _____
Print Name: <u>Charles Kest</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>7-22-12</u> Voters Reg. # _____
Print Name: <u>Shirley Schmidt</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>7/22/12</u> Voters Reg. # _____
Print Name: <u>NAFASHA SUSSMAN</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>7-22-12</u> Voters Reg. # _____
Print Name: <u>Joe Ben Navarok</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>7/22/12</u> Voters Reg. # _____
Print Name: <u>C. Wallace Hume</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>7-23-12</u> Voters Reg. # _____
Print Name: <u>KATHARINA RABAGO</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>7-23-12</u> Voters Reg. # _____
Print Name: <u>STEPHANIE RABAGO</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>7-23-12</u> Voters Reg. # _____
Print Name: <u>EDUARDO RABAGO</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>7-23-12</u> Voters Reg. # _____
Print Name: <u>Naomi Shear</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>7-23-12</u> Voters Reg. # _____
Print Name: <u>ANA NUNEZ</u>	Address: _____
Signature: <u>[Signature]</u>	Date: _____ Voters Reg. # _____
Print Name: <u>MARY RUSSELL</u>	Address: _____
Signature: _____	Date: _____ Voters Reg. # _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ Voters Reg. # _____
Print Name: _____	Address: _____

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 11 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: 9149 Collins Ave #10, Surfside, FL 33154  
Email address of Circulator: [Redacted]@GMAIL.COM

#### ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to

Signature of Candidate: [Signature] Date: 7/23/12

07-24-12 A 10:12 R.C.V.D.

\* The addresses of the signatories have been redacted for this online version  
**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, Florida, hereby nominate Meredith Gray Beattie  
 for the office of Commissioner (Mayor or Commissioner) at an election to be held on  
 August 28, 2012.

*This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty five days prior to the election.*

Signature: <u>[Signature]</u>	Date: <u>July 15, 2012</u>	Voters Reg. # _____
Print Name: <u>Daniel Dieth</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>July 15, 2012</u>	Voters Reg. # _____
Print Name: <u>Dana Kulvin</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/15/12</u>	Voters Reg. # _____
Print Name: <u>Sharon Cohen</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/15/12</u>	Voters Reg. # _____
Print Name: <u>ALBA BUIZA</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7-15-12</u>	Voters Reg. # _____
Print Name: <u>ALFONSO GRENIER</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/15/12</u>	Voters Reg. # _____
Print Name: <u>JULIETA R. GRENIER</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/15/12</u>	Voters Reg. # _____
Print Name: <u>MICHELLE D'ANTUONO</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7-15-12</u>	Voters Reg. # _____
Print Name: <u>SILVIA BINKIEWICZ</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/15/12</u>	Voters Reg. # _____
Print Name: <u>NEAL BAUDE</u>	Address: _____	
Signature: <u>[Signature]</u>	Date: <u>7/15/12</u>	Voters Reg. # _____
Print Name: <u>Elliot B. Kula</u>	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 10 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: 9172 Byn Avenue Surfside, FL 33154  
 Email address of Circulator: ded4@cornell.edu

#### ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree

Signature of Candidate: Meredith Beattie Date: 7/22/12

07-24-12A10:12 RCVD

\* The addresses of the signatories have been redacted for this online version

**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, Florida, hereby nominate Meredith Gray Beattie  
for the office of Commissioner (Mayor or Commissioner) at an election to be held on August 28, 2012.

*This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty five days prior to the election.*

Signature: <u>Melissa Contoera</u>	Date: <u>7/20/12</u>	Voters Reg. #
Print Name: <u>Melissa Contoera</u>	Address:	
Signature: <u>Paul Susty</u>	Date: <u>7/20/12</u>	Voters Reg. #
Print Name: <u>Paul Susty</u>	Address:	
Signature: <u>Juan Patino</u>	Date: <u>7/23/12</u>	Voters Reg. #
Print Name: <u>Juan Patino</u>	Address:	
Signature: <u>Carolina Patino</u>	Date: <u>7/23/12</u>	Voters Reg. #
Print Name: <u>Carolina Patino</u>	Address:	
Signature: <u>Andrea Diaz</u>	Date: <u>7/23/12</u>	Voters Reg. #
Print Name: <u>ANDREA DIAZ</u>	Address:	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
Print Name: _____	Address: _____	
Signature: _____	Date: _____	Voters Reg. # _____
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: tomdebense@tdb Tom DeBense  
Address of Circulator: 734 Michigan Ave, #6, 33139  
Email address of Circulator: tomdebense@gmail.com

**ACCEPTANCE OF NOMINATION**

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

Signature of Candidate: Meredith Beattie Date: 7/23/12

07-24-12A10:12 RCVD



Elections  
2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-VOTE F 305-499-8547  
TTY: 305-499-8480

miamidade.gov

## CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Penelope Townsley, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **30** signatures submitted by **Meredith Beattie** for the office of **Commissioner** in 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 30<sup>th</sup> DAY OF  
JULY, 2012

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

Penelope Townsley  
Supervisor of Elections

*Please submit a check for \$2.50 to our office payable to the "Board of County Commissioners" for the cost of verifying these signatures.*



Elections  
2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-VOTE F 305-499-8547  
TTY: 305-499-8480

miamidade.gov

July 30, 2012

Sandra Novoa, CMC  
Town of Surfside  
9293 Harding Avenue  
Surfside, FL 33154-3009

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Meredith Beattie, a candidate for Commissioner in the Town of Surfside. A total of 40 petitions were submitted and all of the petitions were reviewed for verification. Of the total 40 petitions, 30 were certified. There will be no charge for the additional petitions that were verified.

The Miami-Dade County Charter requires this process to include the following. For purposes of signature verification, however my office does not review this information, and encourages the municipality to ensure compliance with municipal charter or code requirements.

- Title not being in English, Spanish, and Creole
- Circulator was not a registered voter in Miami-Dade County
- Notary did not comply with F.S. 117.05
- Notary was the same person as the circulator
- Signatures of the circulator and the notary were dated earlier than any of the dates on which the electors signed the petition

As such, please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact me or Rosy Pastrana, Deputy Supervisor of Elections for Voter Services at 305-499-8548.

Sincerely,

A handwritten signature in blue ink, appearing to read "Penelope Townsley".

Penelope Townsley  
Supervisor of Elections

Enclosure (1)

*Delivering Excellence Every Day*



**TOWN OF SURFSIDE  
Office of the Town Clerk**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, CMC, Town Clerk

July 30, 2012

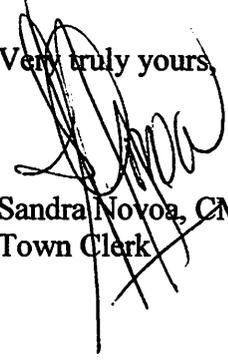
Ms. Meredith Beattie  
9149 Collins Avenue, # 110  
Surfside, FL 33154

Dear Ms. Beattie:

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 Commissioner for the Town of Surfside. Your name will be placed on the ballot for the August 28, 2012 Special 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 Novoa, CMC  
Town Clerk

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY

(1) Meredith Beattie  
Name  
(2) 9149 Collins Ave, #110  
Address (number and street)  
Surfside, FL 33154  
City, State, Zip Code

07-27-12P12:36 RCVD  
*Landra Moran*

(3) ID Number: \_\_\_\_\_

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): Commissioner

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 07/01/2012 To 07/20/2012 Report Type 32 day prior

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 150.00

Loans    \$ \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_

In-Kind    \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 25.00

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 150.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 25.00

**(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) Meredith Beattie

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

**X** Meredith Beattie  
Signature

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

(Type name) Meredith Beattie

Candidate     Chairperson (only for PC, PTY & electioneering organization)

**X** Meredith Beattie  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Meredith Beattie

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 07/01/12 through 07/20/12

(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
(6) Sequence Number					
07/13/12	Beattie, Meredith, Gray 9149 Collins Ave #110 Surfside, FL 33154	MON- Billing fee for Town of Surfside	MON		\$25.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Meredith Beattie (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07/01/12 through 07/20/12 (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	Type	Description	Amendment	Amount
07/13/12	Beattie, Meredith Gray 9149 Collins Ave #110 Surfside FL 33154	1	Trainer	CHE			\$150.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Meredith Gray Beattie  
**Name**  
 (2) 9149 Collins Ave #110  
**Address (number and street)**  
Surfside, FL 33154  
**City, State, Zip Code**

**OFFICE USE ONLY**  
  
 08-10-12A10:32 RCVD

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 600

**(4) Check appropriate box(es):**

- Candidate (office sought): Commissioner
- Political Committee  CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED
- Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 7 / 1 / 12 To 7 / 20 / 12 Report Type SG2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 50.00

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0

Transfers to Office Account \$ 0

Total Monetary \$ 0

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 50.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 0

**(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) Meredith Beattie

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Meredith Beattie  
 Signature

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

(Type name) Meredith Beattie

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Meredith Beattie  
 Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Meredith Gray Beattie (2) I.D. Number 600  
 (3) Cover Period 7 / 1 / 12 through 7 / 20 / 12 (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
(6) Sequence Number					
7/13/12	Beattie, Meredith Gray 9149 Collins Ave #110 Surfside FL 33154		MON	DEL SCZ 1	25.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Meredith Gray Beattie

(2) I.D. Number 600

(3) Cover Period 7 / 1 / 12 through 7 / 20 / 12

(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
7 / 13 / 12 01 01 X	Beattie Meredith Gray 9149 Collins Ave #110 Surfside FL 33154	1	Training Mgr.	CHE		DEL SG2 001	150.00
0 / 0 / 1	Beattie Meredith Gray 9149 Collins Ave #110 Surfside FL 33154	1		CHE		ADD SG2 1	50.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Meredith Gray Beattie  
Name

(2) 9149 Collins Ave #110  
Address (number and street)

Surfside, FL 33154  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):  
 Candidate (office sought): Commissioner

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

(3) ID Number: 600

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED

OFFICE USE ONLY

08-20-12P03:10 RCVD

**(5) REPORT IDENTIFIERS**

Cover Period: From 7 / 1 / 12 To 7 / 20 / 12 Report Type sg2

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 50.00

Loans    \$ 0

Total Monetary    \$ 0

In-Kind    \$ 0

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 25

Transfers to Office Account    \$ 0

Total Monetary    \$ 25

(8) Other Distributions    \$ 0

(9) TOTAL Monetary Contributions To Date  
\$ 50

(10) TOTAL Monetary Expenditures To Date  
\$ 25

**(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.

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

(Type name) Meredith Beattie  
 Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

(Type name) Meredith Beattie  
 Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Meredith Beattie  
Signature

**X** Meredith Beattie  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Meredith Beattie (2) I.D. Number 600

(3) Cover Period 7 / 1 / 12 through 7 / 20 / 12 (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
7 / 13 / 12	Meredith Beattie 9149 Collins Ave, #110 Surfside, FL 33154	1	Training Manager	CHE		DEL SG2001	\$150
1							
7 / 13 / 12	Meredith Beattie 9149 Collins Ave, #110 Surfside, FL 33154	1	Training Mgr.	CHE		ADD SG21	\$50
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Meredith Beattie

(2) I.D. Number 600

(3) Cover Period 7 / 1 / 12 through 7 / 20 / 12

(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
(6) Sequence Number					
7 / 13 / 12 1	Beattie, Meredith Gray 9149 Collins Ave #110 Surfside FL 33154	Filing fee for Town of Surfside	MON	DEL	\$25.00
7 / 13 / 12 1	Town of Surfside 9293 Harding Avenue Surfside, FL 33154	Filing fee for Town of Surfside	MON	ADD	\$25.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Meredith Gray Beattie  
Name

(2) 9149 Collins Ave #110  
Address (number and street)

Surfside, FL 33154  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):  
 Candidate (office sought): Commissioner

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

(3) ID Number: 600

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

OFFICE USE ONLY

08-20-12P03:10 RCVD

**(5) REPORT IDENTIFIERS**

Cover Period: From 7 / 21 / 12 To 8 / 3 / 12 Report Type SG3  
SG2

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks        \$ 0

Loans                    \$ 0

Total Monetary        \$ 0

In-Kind                 \$ 0

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures        \$ 18.95

Transfers to Office Account        \$ 0

Total Monetary                \$ 18.95

(8) Other Distributions  
\$ 0

(9) TOTAL Monetary Contributions To Date  
\$ 0

(10) TOTAL Monetary Expenditures To Date  
\$ 18.95

**(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.

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

(Type name) Meredith Beattie  
 Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

(Type name) Meredith Beattie  
 Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Meredith Beattie  
Signature

**X** Meredith Beattie  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Meredith Beattie

(2) I.D. Number 600

(3) Cover Period 7 / 21 / 12 through 8 / 3 / 12

(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
(6) Sequence Number					
7 / 31 / 12  1	Beattie, Meredith Gray 9149 Collins Ave #110 Surfside FL 33154	Filing fee for Town of Surfside	MON	DEL	\$25.00
7 / 24 / 12  2	Beattie, Meredith Gray 9149 Collins Ave #110 Surfside FL 33154	Checking account supplies for campaign	MON	DEL	18.95
7 / 24 / 12  1	Chase 9556 Harding Avenue Surfside, FL (305) 864-8607	Checking account supplies for campaign	MON	ADD	18.95
/ /					
/ /					
/ /					
/ /					
/ /					

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Meredith Beattie (2) I.D. Number 600

(3) Cover Period 7 / 21 / 12 through 8 / 3 / 12 (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)	(12)
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
/ /							0
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							