

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

01-17-14P04:13 RCVD

*Sandra Novoa*

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 ) 9060377

5. E-mail address  
mbeattie@gmail.com

6. Office sought (include district, circuit, group number)  
Commissioner, Town of Surfside

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 Beattie*

11. Mailing Address  
*9149 Collins Ave #110*

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  
Wells Fargo

20. Address  
9401 Harding Ave

21. City  
Surfside

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  
*1/17/14*

26. Signature of Candidate  
 *Meredith Beattie*

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

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

designated above as:  Campaign Treasurer     Deputy Treasurer.

*1/17/14*  
Date

*Meredith Beattie*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

01-17-14P04:13 RCVD

*Sandra Norcia*

I, Meredith Beattie ,

candidate for the office of Commissioner ;

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

X *Meredith Beattie*  
Signature of Candidate

*1/17/14*  
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).



01-17-14P04:17 RCVD

## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 18, 2014

### 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:

305 906 0377

E-Mail Address:

mbeattie@gmail.com

This is to acknowledge my receipt of the following documents:

- Election Laws of the State of Florida (August 2013) – Digital Format (CD)
- Candidate and Campaign Treasurer Handbook (November 2013) – Digital Format (CD)
- Guide to the Sunshine Amendment and Code of Ethics (2012) – Digital Format (CD)
- Town of Surfside Ordinance Regarding Temporary Political Signs
- Miami Dade County Ordinance Regarding Political Signs
- Reporting Dates Schedule (Election Date: March 18, 2014)
- Town of Surfside Ordinance No. 2008-1493

Received by:

Meredith Beattie

Candidate Signature

Date:

1/17/14

01-17-14 P04:17 RCVD



*Town of Surfside*

9293 Harding Avenue  
Surfside, FL 33154

2014 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Meredith Gray Beattie  
 Office Sought Commissioner  
 Phone No.: 305 906 0377 Cell Phone No: 305 906 0377  
 E-Mail Address: mbeattie@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>1/17/2014</u>	<u>MB</u>
Nominating Petition	<u>2/11/2014</u>	<u>MB</u>
Statement of Candidate	<u>1/17/2014</u>	<u>MB</u>
Sworn Statement of Qualification	<u>2/11/2014</u>	<u>MB</u>
Candidate Oath	<u>2/11/2014</u>	<u>MB</u>
Form 1 – Statement of Financial Interest (2012)	<u>2/11/2014</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>2/11/2014</u>	<u>MB</u>
Qualifying Fee \$25.00	<u>2/11/2014</u>	<u>MB</u>

Proof of Residency  
& Voter Registration

2. Important Dates to Remember

2/11/2014

MB

1/17/2014

MB

## CAMPAIGN TREASURER'S REPORT SUMMARY

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

**OFFICE USE ONLY**

02-02-10-14P04:58 VRCVD

02-10-14P04:58 RCVD

Jendra Navoa

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 1 / 22 / 14 To 2 / 11 / 14 Report Type: Jan 2014

- Original  Amendment  Special Election Report

(6) Contributions This Report none

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

(7) Expenditures This Report none

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

(8) Other Distributions none

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

(10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 00 . 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 IE or electioneering comm.)  Treasurer  Deputy Treasurer

X Meredith Beattie

Signature

(Type name) Meredith Beattie

Candidate  Chairperson (only for PC and PTY)

X Meredith Beattie

Signature

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

(1) Name Meredith Beattie (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 1/22/14 through 2/11/14 (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					
/ /					
/ /					
/ /		N/A			
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

(1) Name Meredith Beattie

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

(3) Cover Period 1 / 22 / 14 through 2 / 11 / 14

(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		
/ /				N/A			
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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



OFFICE USE ONLY

Name Meredith Beattie

I.D. Number \_\_\_\_\_

Address (number and street)  
9149 Collins Ave #110

City, State, Zip Code  
Surfside FL 33154

CHECK IF ADDRESS HAS CHANGED

02-10-14P05:03 RCVD

*Sandra Louca*

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name Jan 2014 Cover Period 1/22/14 through 2/10/14

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.

Meredith Beattie

(Type name)  Treasurer  Deputy Treasurer

**X** Meredith Beattie  
Signature

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

Meredith Beattie

(Type name)  Candidate

**X** Meredith Beattie  
Signature



**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

02-11-14A09:41 RCVD  
*Sandra Novoa*

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 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.

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

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

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

\* 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):  
\_\_\_\_\_

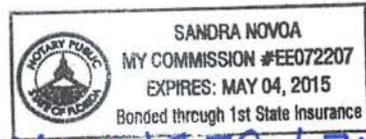
STATE OF FLORIDA  
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 11 day of February, 2014.

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

Produced Identification:

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



Sandra Novoa  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

**DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED**  
by the **Mandatory Provisions** of the  
Miami-Dade Ethical Campaign Practices Ordinance  
Miami-Dade County Code at 2-11.1.1(C) (1)

The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (b) With actual malice publish, or cause to be published, by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged, by any means, any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; *or*
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, Meredith Beattie, a candidate for the office of  
please print your name

Commissioner in Town of Surfside  
elective office sought county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x Meredith Beattie  
**Signature**

2/10/14  
**Date**

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Beattie Meredith Gray

MAILING ADDRESS :

9149 Collins Ave #110

Surfside FL 33154 Miami-Dade

CITY: Surfside ZIP: 33154 COUNTY: 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

02-11-14A09:34 RCVD

Sandra Novoa

\*\*\*\* 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, 2012 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 2012

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). CHECK THE ONE YOU ARE USING:

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, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City Year Miami	44 W. Flagler St, Miami 33130	Nonprofit.
Goodwill	1080 N. 7th Street San Jose CA 95112	nonprofit

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
none			

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

(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.

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Virginia Credit Union Netnet	VACU PO Box 9001 Richmond VA 23225 PO BOX 82561 Lincoln NE 68501-2561

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (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 Zeather

2/10/14

**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.

**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, 2012.



02-11-14 A09:41 RCVD

**TOWN OF SURFSIDE**

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

**GENERAL ELECTION – MARCH 18, 2014**

**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 }

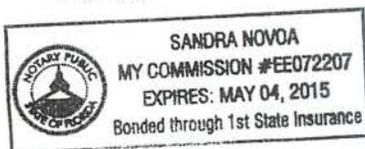
I solemnly swear (or affirm) under oath, that my name is Meredith Beattie,  
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of  
Surfside, Florida; that my address is 1149 Collins Ave #110, Surfside FL 33154  
my occupation is Training Manager; that I have been  
a resident of the Town of Surfside since 2004; that I will be at least twenty-one (21) years of  
age by February 11, 2014 and that if elected, I will willingly serve as Commissioner  
(Mayor or Commissioner) of the Town of Surfside, if elected.

Meredith Beattie  
Signature of Candidate

2/10/14  
Date

Sworn to and subscribed before me this 11 day of February, 2014.

[Signature]  
NOTARY PUBLIC  
Sandra Novoa  
PRINTED NAME OF NOTARY



Meredith Beattie  
Campaign Account

095

2/10/14

63-751/631 10777

Date

Pay to the  
Order of

Town of Surfside

\$ 25.00

twenty five dollars

Dollars



Security  
Features  
Details on  
Back

©2008 Wells Fargo Bank, N.A.



Wells Fargo Bank, N.A.  
Florida  
wellsfargo.com

For

Qualifying Fee

Meredith Beattie

MP

⑆063107513⑆ 8417402214⑆ 00095



**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

February 11, 2014

Ms. Rosy Pastrana  
Miami-Dade Elections Department  
2700 NW 87<sup>th</sup> Avenue  
Miami, FL 33172

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

Dear Ms. Pastrana:

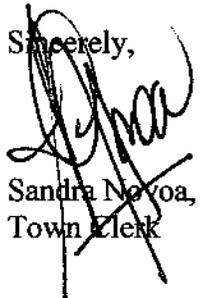
Enclosed are the original petition forms for MEREDITH BEATTIE. This petition is for a candidate seeking to qualify for office in the TOWN OF SURFSIDE. The Town Charter, under section 101 requires the verification of 25 signatures in order for the petition to be sufficient. Please verify signatures in accordance with the Town of Surfside Charter.

**MEREDITH BEATTIE:** Filed intent to run for office on February 10, 2014.

The Town Charter, under section 101 requires the Town Clerk to notify the candidate within five days whether the required number of electors signed the petition.

Please return the original petition forms to us along with a certificate certifying the number of valid signatures.

Sincerely,

  
Sandra Novoa, CMC  
Town Clerk

## CAMPAIGN TREASURER'S REPORT SUMMARY

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

OFFICE USE ONLY

02-21-14P03:01 RCVD

Sandra Novoa

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 2 / 1 / 2014 To 2 / 14 / 2014 Report Type: \_\_\_\_\_

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 75 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 25 . 00

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 25 . 00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 75 . 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 IE or electioneering comm.)  Treasurer  Deputy Treasurer

X Meredith Beattie

Signature

(Type name) Meredith Beattie

Candidate  Chairperson (only for PC and PTY)

X Meredith Beattie

Signature

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

(1) Name Merediton Beattie

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

(3) Cover Period 2, 1, 14 through 2, 14, 14

(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
<del>0/0/1</del>	<del>Town of Surfside</del> 929				
0/0/1	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Filing Fee	CHE		25.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

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

(3) Cover Period 2 / 1 / 14 through 2 / 14 / 14 (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		
0101	<del>Beattie, Meredith</del> Beattie, Meredith Gray 9149 Collins Ave #110 Surfside, FL 33154	1	Training Manager	CHE			75.00
/ /							
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## CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

03-07-14 P03:09 RCVD

*Sandra Novoa*

(1) Meredith Beattie  
Name

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

Surfside FL 33154  
City, State, Zip Code

Check here if address has changed

(3) ID Number: 50

(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 2 / 15 / 14 To 2 / 28 / 14 Report Type: 11 days

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        ,        .       

Total Monetary \$        ,        ,        .       

In-Kind \$        ,        ,        .       

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        ,        .       

Total Monetary \$        ,        ,        .       

### (8) Other Distributions

\$        ,        ,        .       

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 75 . 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 IE or electioneering comm.)  Treasurer  Deputy Treasurer

X *Meredith Beattie*  
Signature

(Type name) Meredith Beattie

Candidate  Chairperson (only for PC and PTY)

X *Meredith Beattie*  
Signature

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

(1) Name Meredith Beattie (2) I.D. Number 50  
 (3) Cover Period 2/15/14 through 2/28/14 (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					
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Meredith Beattie (2) I.D. Number 50

(3) Cover Period 2 / 15 / 14 through 2 / 28 / 14 (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		
/ /							
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*SK*

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



OFFICE USE ONLY

Name Meredith Beattie

I.D. Number 50

Address (number and street) 9149 Collins Ave #110

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

03-07-14P03:06 RCVD

*Sandra Noreau*

Candidate for:

- Mayor
- Commissioner, District Surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 11 days Cover Period 2/15/14 through 2/28/14

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.

Meredith Beattie  
(Type name)  Treasurer  Deputy Treasurer

X Meredith Beattie  
Signature

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

Meredith Beattie  
(Type name)  Candidate

X Meredith Beattie  
Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

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

OFFICE USE ONLY

03-07-14 A08:42 RCVD

*Jandra Novoa*

Check here if address has changed

(3) ID Number: 50

(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 2 / 15 / 14 To 2 / 28 / 14 Report Type: Feb 2014

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$            ,            , 0.00

Loans \$            ,            ,           

Total Monetary \$            ,            ,           

In-Kind \$            ,            ,           

### (7) Expenditures This Report

Monetary Expenditures \$            ,            , 0.00

Transfers to Office Account \$            ,            ,           

Total Monetary \$            ,            ,           

### (8) Other Distributions

\$            ,            ,           

### (9) TOTAL Monetary Contributions To Date

\$            ,            , 0.00

### (10) TOTAL Monetary Expenditures To Date

\$            ,            , 0.00

### (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 IE or electioneering comm.)  Treasurer  Deputy Treasurer

X Meredith Beattie  
 Signature

(Type name) Meredith Beattie

Candidate  Chairperson (only for PC and PTY)

X Meredith Beattie  
 Signature

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

(1) Name Mercedith Beattie (2) I.D. Number 50  
 (3) Cover Period 2 / 15 / 14 through 2 / 28 / 14 (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					
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N/A

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

(1) Name Meredith Beattie (2) I.D. Number 50

(3) Cover Period 2 / 15 / 24<sup>MB</sup> through 2 / 28 / 14 (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					
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N/A

## CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

03-07-14P03:09 RCVD

*Sandra Novoa*

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

Check here if address has changed

(3) ID Number: 50

(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 2 / 15 / 14 To 2 / 28 / 14 Report Type: 11 days

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        ,        .       

Total Monetary \$        ,        ,        .       

In-Kind \$        ,        ,        .       

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        ,        .       

Total Monetary \$        ,        ,        .       

### (8) Other Distributions

\$        ,        ,        .       

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 75 . 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 IE or electioneering comm.)  Treasurer  Deputy Treasurer

X *Meredith Beattie*

Signature

(Type name) Meredith Beattie

Candidate  Chairperson (only for PC and PTY)

X *Meredith Beattie*

Signature

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

(1) Name Meredith Beattie (2) I.D. Number 50  
 (3) Cover Period 2/15/14 through 2/28/14 (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					
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Meredith Beattie (2) I.D. Number 50

(3) Cover Period 2 / 15 / 14 through 2 / 28 / 14 (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		
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*SK*

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



OFFICE USE ONLY

Name Meredith Beattie

I.D. Number 50

Address (number and street) 9149 Collins Ave #110

City, State, Zip Code Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

03-07-14P03:06 RCVD

Sandra Noreau

Candidate for:

- Mayor
- Commissioner, District Surfside
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name 11 days Cover Period 2/15/14 through 2/28/14

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.

Meredith Beattie  
(Type name)  Treasurer  Deputy Treasurer

X Meredith Beattie  
Signature

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

Meredith Beattie  
(Type name)  Candidate

X Meredith Beattie  
Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

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

**OFFICE USE ONLY**

TOWN OF SURFSIDE  
 MAR 14 '14 02:49PM

Check here if address has changed

(3) ID Number: 50

(4) Check appropriate box(es):

- Candidate Office Sought: \_\_\_\_\_
- 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 3 MB

Cover Period: From 3 / 1 / 14 To 3 / 14 / 14 Report Type: 4 days

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 25.00 MB

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

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

\$ \_\_\_\_\_, \_\_\_\_\_, 75.00

**(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 IE or electioneering comm.)  Treasurer  Deputy Treasurer

X Meredith Beattie

Signature

(Type name) Meredith Beattie

Candidate  Chairperson (only for PC and PTY)

X Meredith Beattie

Signature

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

(1) Name Meredith Beattie (2) I.D. Number 50  
 (3) Cover Period 3 / 1 / 14 through 3 / 13 / 14 (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					
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N/A

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

(1) Name Meredith Beattie (2) I.D. Number 50

(3) Cover Period 3 / 1 / 14 through 3 / 13 / 14 (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	
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N/A

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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



OFFICE USE ONLY

Name Meredith Beattie

I.D. Number 50

Address (number and street) 9149 Collins Ave #110

City, State, Zip Code Surfside FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District \_\_\_\_\_
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name \_\_\_\_\_ Cover Period 3/1/14 through 3/13/14

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.

Meredith Beattie  
(Type name)  Treasurer  Deputy Treasurer

X Meredith Beattie  
Signature

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

Meredith Beattie  
(Type name)  Candidate

X Meredith Beattie  
Signature

