

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

DEC 27 AM 10:08

I, CAROLYN BAUMEL,

candidate for the office of COMMISSION;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Signature of Candidate

12/27/21

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 27 AM 10:09

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)

CAROLYN P. BAUMEL

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

9481 BAY DR.
SURFSIDE, FL
33154

4. Telephone

(305) 608-0337

5. E-mail address

JUNIPER880@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

CAROLYN BAUMEL

11. Mailing Address

9481 BAY DR

12. Telephone

()

13. City

SURFSIDE

14. County

MIA-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

JUNIPER880@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

12/27/21

26. Signature of Candidate

X Carolyn Baumel

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

I, CAROLYN BAUMEL, do hereby accept the appointment
(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

12/27/21

X

Carolyn Baumel

Date

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.

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)

CAROLYN P. BAUMEL

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

9481 BAY DR.
SURFSIDE, FL
33154

4. Telephone

(305) 608-0337

5. E-mail address

JUNIPER880@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

CAROLYN BAUMEL

11. Mailing Address

9481 BAY DR

12. Telephone

()

13. City

SURFSIDE

14. County

MIA-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

JUNIPER880@GMAIL.COM

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

SUNTRUST BANK

20. Address

9600 Collins Ave

21. City

Bal Harbor

22. County

Mia-Dade

23. State

Florid

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

12/27/21

26. Signature of Candidate

X Carolyn Bauml

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

I, CAROLYN BAUMEL, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

12/27/21

Date

X

Carolyn Bauml

Signature of Campaign Treasurer or Deputy Treasurer

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CAROLYN BAUMEL

Name

(2) 9481 BAY DR

Address (number and street)

SURFSIDE, FL, 33154

City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

JAN7 '22 1:16PM
TOWN OF SURFSIDE

(3) ID Number: JAN7 '22 1:16PM

(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 / 27 / 21 To 1 / 7 / 22 Report Type: _____

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 100 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 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) CAROLYN BAUMEL

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

X Carolyn Baumel

Signature

(Type name) CAROLYN BAUMEL

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Carolyn Baumel

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CAROLYN BAUMEL (2) I.D. Number _____

(3) Cover Period 12 / 27 / 21 through 1 / 7 / 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		
12, 27, 21	CAROLYN BAUMEL 9481 BAY DR SURFSIDE, FL 33154			CAS (Cash)			\$100.00
/ /							
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CAROLYN BAUMEL (2) I.D. Number _____
 (3) Cover Period 12/27/21 through 1/7/22 (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
//	N/A				
//					
//					
//					
//					
//					
//					
//					
//					

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



OFFICE USE ONLY

Name

CAROLYN BAUMEL

I.D. Number

Address (number and street)

9481 Bay Dr

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

JAN7 '22 1:17PM

Candidate for:

☐ Mayor

☒ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name _____ Cover Period 12/27/21 through 1/7/22

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.

CAROLYN BAUMEL

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X Carolyn Baumel

Signature

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

CAROLYN BAUMEL

(Type name) ☐ Candidate

X Carolyn Baumel

Signature

MIAMI-DADE
COUNTY

(1) Name CAROLYN BAUMEL (2) I.D. Number _____

(3) Report Name _____ (4) Cover Period 12/27/21 through 1/7/22

(5) Report Type ☐ Original ☐ Amendment (6) Page _____ of _____

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CAROLYN BAUMEL
Name

(2) 9481 BAY DR
Address (number and street)

SURFSIDE, FL 33154
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

JAN 12 PM 2:59

[Signature]

(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 / 1 / 21 To 12 / 31 / 21 Report Type: 2021M12

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 100.00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0.00

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

Total Monetary \$ _____ , _____ , 0.00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100.00

(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) CAROLYN BAUMEL

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

X Carolyn Baumel

Signature

(Type name) CAROLYN BAUMEL

☐ Candidate ☐ Chairperson (only for PC and PTY)

X Carolyn Baumel

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CAROLYN BAUMEL(2) I.D. Number 2021M12(3) Cover Period 12 / 1 / 21 through 12 / 31 / 21

(4) Page _____ of _____

(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							
12, 27, 21	CAROLYN BAUMEL 9401 BAY DR. SURFSIDE, FL 33154			CASH (Cash)			100. ⁰⁰
/ /							
/ /							
/ /							
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/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CAROLYN BAUMEL(2) I.D. Number 2021112(3) Cover Period 12 / 1 / 21 through 12 / 31 / 21

(4) Page _____ of _____

(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				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Sandra McCready

From: C Baumel <juniper880@gmail.com>
Sent: Monday, January 17, 2022 9:20 PM
To: Sandra McCready
Cc: Evelyn Herbello; Caolyn Baumel
Subject: Attention: Town Clerk

[NOTICE: This message originated outside of the Town of Surfside -- DO NOT CLICK on links or open attachments unless you are sure the content is safe.]

To the Office of the Town Clerk:

It is unfortunate that I must officially withdraw my name as a candidate for Surfside Commissioner. The 'Town of Surfside's General Election Qualifying Information' handbook does not specify the requirements of residence for potential candidates. This was brought to my attention when I was shown the Charter of the Town of Surfside, MuniCode Section 101 referencing Section 6. It specifies that one must reside in the town for 1 year prior to the election. I have owned property and worked here in Surfside for the past 3-plus years but have made by full time residence here only since May/June 2021. Since that time, I have been officially a Surfside resident & a Surfside registered voter.

Over the past 3-plus years, I have gotten to know the residential community, the town government & the City of Surfside's building department. I have made purchases, renovations & restorations to Surfside houses which has given me great enjoyment. I am a third generation Miami Beach native for over 50+ years. Our family, including my husband and separately our oldest daughter have decided to make our homes in the Town of Surfside.

I look forward to being a part of this ever-changing, beautiful community as it grows and moves forward. Surfside is a sought after, small enclave by the ocean. It carries our hopes & dreams of a better and improved community.

Sincerely,
Carolyn Baumel

This was not in the handbook:

SURFSIDE, FLORIDA Search or jump to NOTIFICATIONS SIGN IN HELP Select Language

Surfside, Florida - Code of Ordinances / PART I - CHARTER / ARTICLE VI. - NOMINATIONS AND ELE...

VERSION: SEP 7, 2021 (CURRENT) CODE OF THE TOWN OF SURFSIDE, FLORIDA **modified** SUPPLEMENT HISTORY TABLE **modified**

▼ PART I - CHARTER

PREAMBLE

CITIZEN'S BILL OF RIGHTS

► ARTICLE I. - INCORPORATION; FORM OF GOVERNMENT; POWERS

▼ ARTICLE II. - TOWN COMMISSION

Sec. 5. - Number; selection; term.

Sec. 6. - Qualifications.

Sec. 7. - Salary.

Sec. 8. - Presiding officers.

Sec. 9. - Duties of mayor.

Sec. 10. - Duties of the Vice Mayor.

Sec. 11. - Powers of commission.

Sec. 11.1. - Right of commission to order inquiry; subpoena.

Sec. 12. - Appointment of town...

Sec. 101. - Qualifying for Elected Office.

Any citizen who has the qualifications for the office of mayor or commissioner of the town, as provided in [Section 5](#) of this Charter, may seek to qualify for office by paying twenty-five dollars as a qualifying fee simultaneously with the filing of all qualifying documents including a petition for this purpose signed by not less than twenty-five qualified electors with the Town Clerk not more than sixty-five days and not less than forty-five days prior to the election date, unless said forty-fifth day falls on a legal holiday, Saturday or Sunday, in which event the qualifying period shall be extended to the immediately following business day terminating at 12:00 noon. The format of the petition shall be prescribed by the Town and made available in the Town Clerk's Office. Signatures may not be obtained until said Petitioner has filed the appointment of campaign treasurer and designation of campaign depository pursuant to state law, and are valid only for the qualifying period immediately following such filings. However, if a special election is held and a candidate decides not to participate in the special election, any petition signatures obtained prior to the special election qualifying period will remain valid for the regularly scheduled general election.

For the March 17, 2020 general election the qualifying periods are hereby changed to establish a qualifying period to commence on Friday, November 1, 2019 at 9:00 a.m. and end on Friday, November 22, 2019 at 12:00 p.m., with any amended qualifying petition (as otherwise permitted pursuant to [Section 101](#) of the Town Charter) to be filed by no later than Thursday, November 28, 2019 at 12:00 p.m.

Within one business day after the filing of a petition, the Town Clerk shall deliver the petition to the Miami Dade County Department of Elections for purposes of determining the number of valid signatures on the petition. Upon the Clerk's receipt of the Miami Dade County Elections Department's certificate as to the petition's sufficiency, the Town Clerk shall then promptly forward the certificate on to the candidate, along with the petition if it has been found to be insufficient. Such a petition may be amended and filed again as a new petition, or a different petition may be filed for the same candidate, not less than forty days before the election. The name of each person who has filed a sufficient petition as prescribed above and satisfied qualifying requirements shall be printed on the ballot as a candidate for the office he/she has qualified for.

No candidate may qualify for the Office of Mayor and Town Commissioner in the same election.

(Res. No. 620, § 1(j); 4-14-64; Res. No. 1389, § 2, 6-14-94; Res. No. 2277, § 2, 12-9-14; Ord. No. 1635, §§ 2, 3, 5-12-15; Ord. No. [12-1704](#), §§ 2, 4, 10-10-19)

Sec. 6. - Qualifications.

The commissioners shall be qualified electors of Dade County whose legal residence is in the Town of Surfside who shall be citizens of the United States, at least twenty-one years of age and residents of the State of Florida and Town of Surfside for at least one year next preceding registration, and who shall have no other public office except notary public, local civilian defense or war emergency appointments, membership in the National Guard, naval or military reserve, or membership or memberships on State of Florida or National Boards providing that the duties of the members of such board shall not interfere with the duties of the town commissioners.

(Ord. No. 250, § 1(h), 3-17-53; Laws of Fla. ch. 29543(1955), § 5; Res. No. 744, § 1(a), 1-15-70; Res. No. 867, Amd. No. 1, 3-20-74; Ord. No. 1173, § 1, 6-14-88)

Sent from my iPad

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CAROLYN BAUMEL

Name 9481 BAY DR

(2) SURFSIDE, FL 33154

Address (number and street)

City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

JAN 19 AM 10:25 *R*

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: COMMISSION

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 27 / 21 To 1 / 19 / 22 Report Type: 18TRG

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ 5,100.00

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

\$ 5,100.00

(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) CAROLYN BAUMEL

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

X Carolyn Bauml

Signature

(Type name) CAROLYN BAUMEL

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Carolyn Bauml

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN 19 AM 10:25

(1) Name CAROLYN BAUMEL (2) I.D. Number

(3) Cover Period 12 / 27 / 21 through 1 / 19 / 22 (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
<u>1, 19, 22</u>	<u>Carolyn Bauml</u>	<u>C</u>		<u>LOA</u>			<u>5000.-</u>
<u>1</u>	<u>9481 BAY DR</u> <u>SURFSIDE, FL</u> <u>33154</u>						
<u>12, 27, 21</u>	<u>Carolyn Bauml</u>	<u>C</u>		<u>LOA</u>			<u>100.-</u>
<u>2</u>	<u>9481 BAY DR</u> <u>SURFSIDE, FL</u> <u>33154</u>						
<u> / / </u>							
<u> / / </u>							
<u> / / </u>							
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<u> / / </u>							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CAROLYN BAUMEL

(2) I.D. Number _____

(3) Cover Period 12/27/21 through 1/19/22(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
1/19/22					
/ /					
/ /					
/ /					
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/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name CAROLYN BAUMEL

I.D. Number _____

JAN 19 AM 10:25

Address (number and street)

9481 BAY DR

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 18TRG Cover Period 12/27/21 through 1/19/22

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.

CAROLYN BAUMEL

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X Carolyn Baumel

Signature

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

CAROLYN BAUMEL

(Type name)

☒ Candidate

X Carolyn Baumel

Signature

MIAMI-DADE
COUNTY

Jun 19 AM 10:25

(5) Report Type ☒ Original ☐ Amendment (6) Page _____ of _____

[illegible]

MD-ED 26 (Rev. 03/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CAROLYN BAUMEL

Name

(2) 9481 BAY DR

Address (number and street)

SURFSIDE, FL 33154

City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

JAN 19 PM 5:14

JAN 19 PM 5:14

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: COMMISSION

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 27 / 21 To 1 / 19 / 22 Report Type: 18TRQ

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ 5,100 . -

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 5,100 . -

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 5,100 . -

(10) TOTAL Monetary Expenditures To Date

\$ 5,100 . -

(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) CAROLYN BAUMEL

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

X Carolyn Baumel
Signature

(Type name) CAROLYN BAUMEL

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Carolyn Baumel
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CAROLYN BAUMEL

(2) I.D. Number _____

(3) Cover Period 12 / 27 / 21 through 1 / 19 / 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
(6) Sequence Number					
1 / 19 / 22	CAROLYN BAUMEL 9481 Bay Dr SURFSIDE, FL 33140	Reimbursement of loan.	RMB		5100.-
/ /					
/ /					
/ /					
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/ /					