

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

RECEIVED
2013 DEC 26 9:40 TWN CLERK

(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) 3. Address (include post office box or street, city, state, zip code)
 RICHARD M KLEID 2660 S. OCEAN BLVD
 403 S
 PALM BEACH, FL 33480

4. Telephone 5. E-mail address
 (561) 588-7631 KLEID561@AOL.COM

6. Office sought (include district, circuit, group number)
 Town Council, Group 1

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
 RICHARD M KLEID

11. Mailing Address 12. Telephone
 2660 S. OCEAN BLVD, 403S. ()

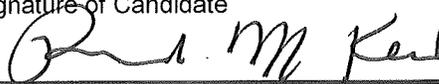
13. City 14. County 15. State 16. Zip Code 17. E-mail address
 PALM BEACH PALM BEACH FL 33480 KLEID561@AOL.COM

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

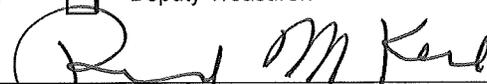
19. Name of Bank 20. Address
 WELLS FARGO 255 S. COUNTY RD

21. City 22. County 23. State 24. Zip Code
 PALM BEACH PALM BEACH FLORIDA 33480

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 26. Signature of Candidate
 12/26/13 X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
 I, RICHARD M KLEID, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
12/26/13 X 
 Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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2013 DEC 26 9:40 TOWN CLERK

I, RICHARD M KLEID,

candidate for the office of Town Council, Group 1;

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

X 
Signature of Candidate

12/26/13
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).

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2014 JAN 8 15:20 TWN CLERK

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, RICHARD M. KLEID
(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 PALM BEACH Town Council Group 1
(office) (district #)
; I am a qualified elector of PALM BEACH 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 Richard M Kleid (561) 5887631 KLEID561@AOL.COM
Signature of Candidate Telephone Number Email Address

2660 S. OCEAN BLVD 4035
Address City State ZIP Code
PALM BEACH FL 33480

Candidate's Florida Voter Registration Number (located on your voter information card): 112603094

* 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 Palm Beach

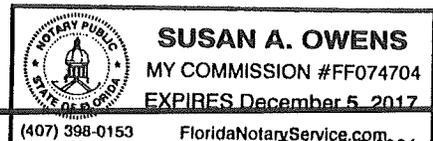
Sworn to (or affirmed) and subscribed before me this 8th day of JANUARY, 2014.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Susan A. Owens
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

KLEID, RICHARD M

MAILING ADDRESS :

2660 SOUTH OCEAN BLVD, 4035

PALM BEACH 33480 PALM BEACH

CITY: ZIP: COUNTY:

Town of Palm Beach

NAME OF AGENCY :

Town Council Member Group I

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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

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2014 JAN 8 15:21 TWN CLERK

**** 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, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
UBS FINANCIAL SERVICES, INC	440 ROYAL PALM WAY BEACH PALM	INVESTMENTS
WELLS FARGO ADVISORS	1133 WASHINGTON AVE WHITE PLAINS	INVESTMENTS
JC PENNEY COMPANY, INC	100 HALL DRIVE RD, LINCOLN NH	PENSION
US GOVT	WASHINGTON, DC	SOCIAL SECURITY

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

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

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

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
MONEY, STOCKS, BONDS,	USFC FINANCIAL SERVICES, INC, WELLS
BENEFICIAL INTERESTS IN TRUST, ASSETS HELD IN IRAs AND BANK ACCOUNTS	FARGO ADVISORS, WELLS FARGO BANK

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

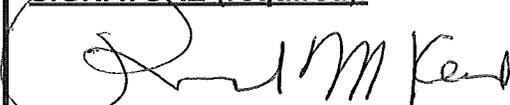
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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):



1/8/14

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

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

Signature

Date

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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, 2013.



Palm Beach County

SUSAN BUCHER
Supervisor of Elections

240 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415
POST OFFICE BOX 22309
WEST PALM BEACH, FL 33416

TELEPHONE: (561) 656-6200
FAX NUMBER: (561) 656-6287
WEBSITE: www.pbcelections.org

CERTIFICATION

I, SUSAN BUCHER, Supervisor of Elections for Palm Beach County, Florida, do hereby certify that 26 signatures on the Petition for Town Council Group No. 1, of RICHARD M. KLEID, are registered electors in the Town of Palm Beach, according to the registration records on file in this office.

This is to further certify that RICHARD M. KLEID is a registered voter in Precinct **7158**, in the Town of Palm Beach, Florida.

Signed, this the 6th, day of January, 2014.

SUSAN BUCHER
SUPERVISOR OF ELECTIONS
PALM BEACH COUNTY

(SEAL)

Candidates: Please be sure that your name is on each sheet

DEPARTMENT OF ELECTIONS

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TO THE TOWN COUNCIL OF 2014 JAN -3 PM 3:28
THE TOWN OF PALM BEACH, FLORIDA:
 TOWN OF PALM BEACH COUNTY FL

2013 DEC 30 12:55 TWM CLERK

The undersigned qualified voters of the Town of Palm Beach, Florida, do hereby confirm the nomination of:

RICHARD M KLEIS
 (Please print name)

Paul M Keel
 (Please sign)

as Council Member, Group No. 1, regularly made at the Caucus held on January 7, 2014, at Town Hall, Town Council Chambers, 360 S. County Rd., Palm Beach, FL 33480, and do hereby petition your honorable body to place his/her name on the official ballot to be used in the General Election, to be held on February 4, 2014.

	NAME OF REGISTERED VOTER (PLEASE PRINT LEGIBLY)	SIGNATURE	ADDRESS
1	STEVEN BRONSTEIN	<i>Steven Bronstein</i>	2660 So. Ocean Blvd - 404S
2			
3			
4			
5			
6			
7			
8			
9			
10			

SKM

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2014 JAN 2 12:09 TMM CLERK

Candidate Name: RICHARD M. KLEID - Group 1

NAME OF REGISTERED VOTER (PLEASE PRINT)	SIGNATURE	ADDRESS
EDWIN ROBERTS	<i>Edwin Roberts</i>	1 Lake Inland Blvd
MAS S. MASSOUDI	<i>M. S. Massoudi</i>	2660 S. Ocean Blvd
<i>Tommy Thompson</i>	<i>Tommy Thompson</i>	2660 S. Ocean Blvd
<i>Da Jack Halshom</i>	<i>Da Jack Halshom</i>	2660 S. Ocean Blvd
MARIANNE HESS	<i>Marianne Hess</i>	200 Broadway Blvd
Marschall Hess	<i>Marschall Hess</i>	200 Broadway Blvd
<i>Susan R. Yeier</i>	<i>Susan R. Yeier</i>	2160 So Ocean Blvd
<i>Arice Rindler</i>	<i>Arice Rindler</i>	3390 S Ocean Blvd
Bobbi Horvich	<i>Bobbi Horvich</i>	2860 S. Ocean Blvd
Ellen Trossy	<i>Ellen Trossy</i>	3861 S. Ocean Blvd
MARGARET FELDMAN	<i>Margaret Feldman</i>	2860 S. Ocean Blvd
ARON EPSTEIN	<i>Aron Epstein</i>	3200 S. Ocean Blvd
Domenica Fraternali	<i>Domenica Fraternali</i>	2780 S. Ocean Blvd
BERNARD RAUFEL	<i>Bernard Raufel</i>	3456 So Ocean Blvd #101
DANIEL MC DONALD	<i>Daniel McDonald</i>	2904 S. Ocean Blvd

1 PM

X SIGNATURES

X Illegible

X NR

X NR

1 PM

29	<i>Caryce Brastin</i>	<i>Caryce Brastin</i>	<i>2665 Green Blvd. 4045</i>
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

SUPERVISOR OF ELECTIONS
2014 JAN - 3 PM 3:28
PALM BEACH COUNTY, FL

I DO HEREBY CERTIFY that there are at least twenty-five (25) qualified electors' signatures herein contained for Candidate Richard M. Kleid, according to the requirements of law, and as verified by the Palm Beach County Supervisor of Elections.

DATED this 8th day of January, 2014.


Susan A. Owens, MPA, MMC
Town Clerk

Clerk's Note: These signatures were submitted after petition was certified by SOE

Candidate Name:	M	KLEID
NAME OF REGISTERED VOTER (PLEASE PRINT)	SIGNATURE	ADDRESS
Wendy Victor	<i>Wendy Victor</i>	208 Via Tortuga
ROYAL VICTOR	<i>Royal Victor</i>	208 Via Tortuga
Daryl A. Glenney	<i>Daryl Glenney</i>	3300 S. Ocean #5201
Susan C. Gorman	<i>Susan C. Gorman</i>	389 S. Lake Dr. #14
Owen Williams	<i>Owen Williams</i>	232 Seabreeze Ave #3
BRIAN McIVER	<i>Brian McIver</i>	695 Island Drive
W. SPRABRIDGE	<i>W. Sprabridge</i>	225 ATLANTIC AVE
B.A. Oulley	<i>B.A. Oulley</i>	300 Seminoles, 2-C
Amelca MCTURE	<i>Amelca Mcture</i>	695 Island Dr
Rebecca William	<i>Rebecca William</i>	232 Seabreeze Ave
Danielle H. Moore	<i>Danielle H. Moore</i>	271 Pendleton

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