

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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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)

MICHAEL JAY SCHARF

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

225 Dunbar Road
Palm Beach, FL 33480

4. Telephone

(561) 805-5353

5. E-mail address

mscharf@
scharfbrothers.com

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

Town Council Seat - 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

Michael Jay Scharf

11. Mailing Address

225 Dunbar Road

12. Telephone

(561) 805-5353

13. City

Palm Beach

14. County

Palm Beach

15. State

FL

16. Zip Code

33480

17. E-mail address

mscharf@
scharfbrothers.com

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

19. Name of Bank

Bank of America

20. Address

140 North County Road

21. City

Palm Beach

22. County

Palm Beach

23. State

Florida

24. Zip Code

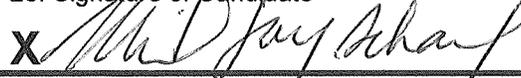
33480

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

27 December 2013

26. Signature of Candidate



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

I, Michael Jay Scharf, do hereby accept the appointment

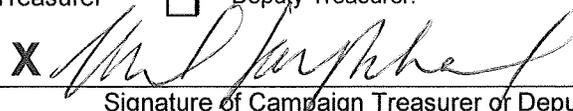
(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

27 December 2013

Date



Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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I, MICHAEL JAY SCHARF,

candidate for the office of Town Council Seat - Group 1;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X 
Signature of Candidate

12-27-13
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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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, MICHAEL SCHARF
(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 Town Council Member, _____,
(office) (district #)

_____, 1; 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 [Signature] (561) 805-5353 mscharf@scharfbrothers.com
Signature of Candidate Telephone Number Email Address

225 Dunbar Rd. Palm Beach FL 33480
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 107965782

* 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):

MICHAEL SHARF

STATE OF FLORIDA
COUNTY OF Palm Beach

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

Personally Known: or

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

Produced Identification: _____

Type of Identification Produced: _____

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 :

SCHARF MICHAEL JAY

MAILING ADDRESS :

225 Dunbar Rd. Palm Beach, FL 33480

Palm Beach 33480 Palm Beach

CITY : ZIP : COUNTY :

NAME OF AGENCY :

Town of Palm Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Town Council Member Group 1

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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**** 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
Niagara LaSalle Corp	1412 150th St. Hammond, IN	Steel Processing
Trimaran Fund	1375 Ave. of the Americas NY, NY	Investments
Mistral Equity Partners	650 Fifth Ave. NY, NY	Private Equity Investments
Goldman Sachs	200 West St. NY, NY	Investments

PART B -- SECONDARY SOURCES OF INCOME

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A.			

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

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")

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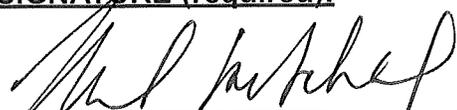
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stock, Bonds, IRA	Goldman Sachs (Various Securities)

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	N/A
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
DO 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):**


1-8-13

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.

FORM 1 STATEMENT OF FINANCIAL INTERESTS

2013

ADDENDUM

Michael Jay Scharf
225 Dunbar Rd.
Palm Beach, FL 33480

- MSCI Asia Ex Japan ETF
- GS Short-Duration Tax Free
- Ohio State Higher Education Municipal Bond
- Wisconsin State Health and Education Revenue Bond
- Alterra Group
- GS Local Emerging Markets Bond
- Nucor
- Heinz
- Barclays Bank

All securities held at
Goldman Sachs
200 West Street
New York NY 10282

Royal Palm Way
Palm Beach, FL

Investments

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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 MICHAEL SCHARF, 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 MICHAEL JAY SCHARF is a registered voter in Precinct **1390**, in the Town of Palm Beach, Florida.

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



SUSAN BUCHER
SUPERVISOR OF ELECTIONS
PALM BEACH COUNTY

(SEAL)

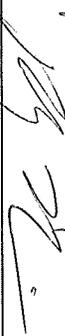
Candidates: Please be sure that your name is on each sheet

TO THE TOWN COUNCIL OF
THE TOWN OF PALM BEACH, FLORIDA:

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

MICHAEL SCHARE (Please print name)  (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	Constance Blue		150 Canterbury Lane PB 33480
2	Michael Kalisman		146 Dunbar Rd PB FL 33480
3	Phillip Kalisman		146 Dunbar Rd PB. FL 33480
4	SARAH KALISMAN		146 DUNBAR RD, PB, FL 33480
5	C GARY GOLDSMITH		333 Sunset Pk 33480
6	Ailan Lieberman		234 Oleander PB 33480
7	DAKELL ROSS		300 PALMER AVE RD PB 33480
8	Donald DuArès		510 ISLANDS Drive PB 33480
9	ERIC SIKES		234 OLEANDER AVE #4 PB 33480
10	Eileen Berman		350 Coconut Row, PB 33480

✓RM ✓RM ✓RM ✓RM ✓RM ✓RM ✓RM ✓RM ✓RM ✓RM

NAME OF REGISTERED
VOTER (PRINT)

SIGNATURE

MICHAEL SCHARF
ADDRESS

11	WILLIAM J. DIAMOND	William J. Diamond	220 WELLS RD, P.B. FL 33480	✓
12	Michelle Bayer	Michelle Bayer	133 W Della Rd. P.B.	✓
13	NANCY LANE	Nancy Lane	726 Hi-Mount Rd PB	✓
14	Heidi SCHUSTER	Heidi Schuster	110 Atlantic Ave, PB 33480	✓
15	Sharon Webster	Sharon Webster	101 Single Rd PB 33480	✓
16	Linda Belsey	Linda Belsey	100 Island Dr PB	✓
17	Lori Gendelman	Lori Gendelman	230 Kavana Lane P.B.	✓
18	BARBARA PENLMAN	Barbara Penlman	202 Indian Road, P.B.	✓
19	JERRY PEREMAN	Jerry Pereman	202 Indian Road, P.B.	✓
20	Nancy Richter	Nancy Richter	159 Dunbar Road - PB	✓
21	Stepan Richter	Stepan Richter	159 Dunbar Rd. PB	✓
22	John Carson	John Carson	427 Searpock Ave PB	✓
23	Lisa Carson	Lisa Carson	427 Searpock Ave PB	✓
24	Phyllis Aronson	Phyllis Aronson	200 Bradley Pl, PB	✓
25	Anita Neuman	Anita Neuman	100 Woster Ave. PB	✓
26	KATHLEEN ROMAN	Kathleen Roman	233 La Puerta Way PB	✓
27	Kiel Laranson	Kiel Laranson	250 Olander Ave PB # W-2 Palm Beach 33480	✓
28	Howard Amster	Howard Amster	44 COCONUT ROW, APT B323 PALM BEACH, FLORIDA 33480	✓

MICHAEL SCHARF

Candidate Name: MICHAEL SCHARF

	NAME OF REGISTERED VOTER (PLEASE PRINT)	SIGNATURE	ADDRESS
41	BILL FINDERMAN	<i>[Signature]</i>	5017A 205 SW 27th
42	Dicki Harris	<i>[Signature]</i>	310 Wood Rd.
43	DERRY ALLEN KRAMER	<i>[Signature]</i>	1295 E. Ocean Blvd.
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	NAME OF REGISTERED VOTER (PRINT)	SIGNATURE	ADDRESS
29	FIONA VSCHARF	<i>F.V. Scharf</i>	225 Dunbar Road
30	HARRIS S. FRIED	<i>H. S. Fried</i>	212 OLIVER AVE, #4
31	Eric Smith	<i>ES</i>	130 Sunrise Ave #315 P.O. #
32	HAROLD MATHESON	<i>H. Matheson</i>	44 Coconut Row, Palm Beach, FL 3111
33	Barbara IR Zimet	<i>Barbara Zimet</i>	2784 S Ocean Blvd #303E P.O., FL 33480
34	DONNIE STERN	<i>Donnie Stern</i>	184 BRADLEY PLACE P.B. 33480
35	Steven Stern	<i>Steven Stern</i>	184 BRADLEY PLACE P.B. 33480
36	MOSHE SCHEINER	<i>Moshe Scheiner</i>	230 Park Ave Palm Beach 33480
37	Frederick Grace	<i>F. Grace</i>	248 Via Marilla
38	ROBERT MCISTER	<i>Robert Mcister</i>	161 Semyrok Ave.
39	JOEL PASHCOW	<i>Joel Pashcow</i>	261 Via Bellara
40	PETER BERNAN	<i>P. Bernan</i>	IN BREAKERS ROW APT 413

I DO HEREBY CERTIFY that there are at least twenty-five (25) qualified electors' signatures herein contained for Candidate Michael Scharf, 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
Susan A. Owens, MPA, MMC
Town Clerk

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